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JUNIUS BRUTUS BOOTH.*

BY A. O. KELLOGG, M. D.

There are individuals whose career in life, to the superficial observer of mental and moral phenomena, has ever appeared most strange and anomalous, and whose motives and mainsprings of action have been but little understood or appreciated by the world at large, or even their own friends, however intimate, and the members of their own family.

By the latter they are regarded as warped, eccentric, strange, and their caprices are submitted to in silence, as incident to persons not governed by the same laws which sway ordinary individuals, but who are moved, by curious and unaccountable impulses, to a conduct and course of life not easily explained on ordinary principles.

The world, on the other hand, ever ready to judge hastily, and often with unrighteous judgment, and to put the most uncharitable construction upon the conduct of these unfortunates, is too apt to regard them as moral perverts, and hold them to a strict accountability on the established principles of ethics.

To the student of psychological science these characters are of peculiar interest, for while they cannot be

*Passages, Incidents and Anecdotes in the life of Junius Brutus Booth. By his Daughter. New York. Carleton: 1866.

regarded as insane, in the ordinary acceptation of the term, he is forced to recognize in them an element which, if not of disease, is so nearly allied to it as, in many instances, to make the line of distinction exceedingly hard to mark. In fact, these persons are apparently life-long denizens of that strange border land which divides the realms of sanity and insanity; sometimes seemingly on one side of the line, and again on the other, as they are impelled by some strange impulse within them, which, whether of health or disease, is stronger than the will, and which it would seem impossible for them to overcome, in the very nature of their physical, mental, and moral organization.

There are forms of insanity, as is well known, that assume a marked periodic character, and persons so afflicted will appear for months to be in a state of complete physical and mental health. This condition is perhaps followed by as many months of marked intellectual disturbance, generally of an exalted or maniacal character, but at times of a depressing or melancholic type. Some of the most interesting and brilliant individuals we have ever been called upon to treat for insanity have suffered from this periodic form of the disease, and some of the most interesting letters we have received have been addressed to us by such persons after recovery, or during the intervals of disease. A letter from one who, though now well, apparently, has suffered three distinct attacks in a period of less than seven years, one of a melancholic, and two of a maniacal form, is now before us, which, for brilliancy of wit, keen and truthful analysis of the characters of various persons, sane and insane, whom she met while convalescing at the asylum, will not compare unfavorably with anything in the way of epistolary writing that we have ever seen.

We have often thought that between such cases of periodic insanity in their early stages, before the intellectual powers have been seriously impaired by repeated attacks, and those eccentric manifestations of genius sometimes observed, there is a closer analogy than is generally supposed; and that some irregularity in the law governing the periodicity in the latter may really be the only essential difference between the two. In fact, the law which governs these two forms of intellectual manifestations may perhaps be no more irregular than that which governs the various manifestations of ague, determining its form, whether quartan, tertian, double quotidian, or some other of its more uncommon types. Another analogy between those two mental conditions is noticeable in the fact, that a frequent concomitant of both is inebriety. We do not here refer so much to the inebriety which results from vicious habit, as to that form of it which is so strictly periodic in its character as to lead us strongly to suspect it to be a result of diseased action. Again, we sometimes observe a mental state much resembling alcoholic inebriety, when we have no evidence whatever that alcohol or any other stimulant has been resorted to. Indeed, in some cases we know that such could not have been the fact.*

More than one unfortunate has been judged guilty of inebriety when suffering from a temporary paroxysm of periodic insanity: and while we should seek, on the one hand, not to draw nice distinctions without a difference, we should be equally careful that the results of vicious habits and indulgence be not confounded with what may be an obscure and ill-understood manifestation of disease, a mistake that may be serious.

*See case related by Dr. Marcet, in his little work on Chronic Alcoholic Intoxication.

It is painful under any circumstances to see a fellow-creature suffer both private distrust and public obloquy, and perhaps compelled to bare his shoulders to the stripes of the law, but doubly so when all this is made to result from a previous infliction of Providence, something that may have come upon him from an ancestral taint, and over which, in the nature of things, he could exercise no control. We can well afford to rest under the imputation of visionaries seeking to cover all crime and immorality by the broad mantle of insanity, if by seeking to draw such distinctions as seem justified by the present state of science, we can prevent such injustice; for, says the humane spirit of the law, "better that a hundred guilty go unpunished, than one innocent person suffer unjustly."

Perhaps no class of men are more pained at the indiscriminate resort to the plea of insanity as a shield from punishment, than those upon whose testimony the decision must depend; and, though the difficulties which beset their position are perhaps greater than any which arise in legal medicine, they must be met honestly and manfully, leaving the result to time.

While it is hardly necessary in this place to point out the fact that some of the most brilliant intellects that have left their impress upon the world, have been marked by something that is strange and eccentric, we would not be understood as asserting that this is a necessary accompaniment of genius, but that the highest manifestations on record have been apparently exempt from it.

Psychologists, again, are too frequently charged with a desire to discover in every high order of intellectual manifestation an element of disease; and this results perhaps from the analogy they seek to point out between the natural operations of an intellectual organization of

the highest order, and what results from the abnormal excitement by disease of one that is inferior. When we seek to point out certain characteristics which seem to a greater or less extent common to both the conditions referred to, we do not wish to be charged with confounding the two, or holding them to be strictly identical in kind. How far they are so could not be easily determined.

Let us consider to what a fearful point imagination and memory are sometimes stimulated by disease, and give some illustrations.

An intelligent and highly educated lady (wife of a high church dignitary,) while convalescing under our care from an attack of acute mania, spoke in a most interesting manner of her experience of this unnatural excitement. At times, she said, it would seem that every thought that had ever occupied her mind could be reproduced at will, and that the power of the will was so great that she could conceive of nothing as impossible; that the rapid transitions from one subject to another, which, to the minds of those about her, constituted the incoherency, was not to her a confused intermingling of strange and discordant thoughts; but every subject touched upon, was grasped and disposed of systematically, but at the same time with such lightning rapidity that words were of no use, the whole matter being disposed of before half a dozen words could be uttered, and she passed on to something else with the same result.

She would lie for hours, holding imaginary conversations with people she had known; conversations to her of a most interesting character, her own mind not only putting the question but furnishing the proper replies, and the great wit of these was the cause of the immoderate maniacal laughter in which she indulged. Even

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now she cannot, though in an advanced stage of convalescence, help cherishing the remembrance of this with pleasure and almost a wish that this condition might be perpetual. She said the constant disposition to mark the walls of her room, and which her attendants could not control, was the attempt to solve abstruse mathematical problems that had occupied her mind when at school, and which she supposed had been entirely forgotten, as she could not now recall them in her present convalescing, and to her comparatively stupid and commonplace mental condition. Her mental operations were suffered to go on without any control of the will, and every object was suggestive of thought. An angular pane of glass, for example, would suggest a mathematical problem, which she would appear to solve with the most marvelous expedition, and thus her mind strode on from morning to evening and from evening to morning, for her slumber was not sleep, but like Manfred's

“A continuance of enduring thought.”

During her attack of mania, she says, it would now seem that her singular mental experience could only be crowded into an ordinary existence of ages, and that she cannot regret this, for without it she could have no conception, as she now has, of the unlimited capacity, power and energy of the human intellect, under certain conditions of disease.

The first thing that seemed to recall her to a sense of her condition was a sensational newspaper handed her by an attendant. She looked at the date, and was surprised to find that it was only three months later than the last she recollected to have seen, notwithstanding all she had passed through; and on glancing her eye over the murders, robberies and suicides, her first thought was, the world is surely not yet come to an

end; the millenium has not come as I supposed, for wickedness moves on in the old beaten path. At this point she first entertained the idea that it was possible that she was yet in the world, and all was a dream. She asked her attendant who she was, where she was, and what had passed, and was greatly astonished when told that she had only been three months a patient in a lunatic asylum. This was something she did not wish to believe, for it was too much like coming down to the sad reality of things; to have to get well, and return again to a world of sorrows and perplexities, of eating and drinking, leaving behind the bright and purely intellectual life she had been leading for so many years, as she supposed.

But, imagination in disease does not always convey to the mind such pleasant imagery, as the following illustrations will show:

A woman under our care thought herself transformed into some hideous monster, like a serpent. She would look at her hands, and start back in horror at the green, scaly appearance they presented, and could not be persuaded that this appearance was not real. We observed that she always covered her mouth when she spoke to us, and after her recovery she said that this was done lest her fiery and horribly-poisonous breath should destroy those she breathed upon. It was painful to observe at times the writhings of body and contortions of countenance under the influence of this horrid delusion; such indeed as no actor could assume, however skillful, unless he possessed the power of entering into her state of feeling more completely than any we have ever seen, except, perhaps, the one to whom we purpose to refer in this connection.

Another lady, now under our care, believes herself dead, and in hell, and the dreadful wailings she sends

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forth night and day would be shocking in the extreme to all not accustomed to their daily observance. She resists most strenuously every effort made for her comfort and sustenance, under the delusion that those about her are evil spirits sent to torment her. She imagines the sheets and clothing wrapped around her burning vapors, and the strong nourishing soup with which she is forcibly and frequently plied to sustain her, some poisonous "hell-broth," concocted like that of the witches in Macbeth. After being made to swallow it, she tries by all means in her power to eject it from her stomach, and retches and spits as if something most loathsome had been forced upon her.

This poor woman will also recover, we think, and (like the one who fancied herself a serpent,) be able to give us some faint description of her present state of feeling.

A distinguished philanthropist, well known in all parts of this country for his princely munificence and earnest eloquence, once remarked to a friend of the writer, at that time his physician, that he had never known what it was to be thoroughly in earnest till he became insane; and probably the most eloquent appeals he ever made in his life were addressed to this gentleman and others in attendance upon him, in reference to his delusions.

But putting aside many illustrative cases of minor interest, for we have already occupied more space than we intended with such, we approach one which possesses as deep a psychological interest as any observed in modern times: that of him whose name stands at the head of this paper, and whose memoirs by his daughter we have read with profound interest.

Junius Brutus Booth was a man of genius, if ever actor or artist was such. He stood, confessedly, in the

very foremost rank, if not at the head of delineators of the higher drama, in the first half of the nineteenth century. His career was strange, brilliant, and in many respects unique. Moreover, if any doubt exists in the mind of any one as to his affliction with positive insanity at periods during his whole career, such doubt will be dissipated by a perusal of the memoirs before us. "The calamity," says his daughter, "seemed to increase in strength and frequency with maturer years, and sometimes assumed very singular phases. In the records of his youth, when his profession held out every incentive to ambition, energy and indefatigable labor, when his habits were most temperate and abstemious, we occasionally trace those slight aberrations of mind which mark the exquisite turning point between genius and madness. To those accustomed to the intense excitability of peculiar minds, who witness how the mind of the actor is wrought upon by the assumption of harrowing thought and fictitious scenes, and who feel how frequently a delineator of the passions thinks, dreams, exists in a sphere of ideality, it is neither strange or difficult to comprehend how such minds are overthrown by the reaction, and oftentimes ruined utterly. Thus from childhood we learned from our mother, the devoted and unwearying nurse of him who endured these periodical tortures of mind, to regard these seasons of abstraction with sad and reverent forbearance."

Upon his characteristics as an actor we do not propose to dwell at length in this connection. Those of our readers whose fortune it has been to see this great man upon the stage, can never forget the impression; and we venture the assertion that with all such the remembrance is deeper and more abiding than that produced by any other delineator of the higher drama, not by any means excepting the noble representative he has left

behind in his distinguished son Edwin, to whom many of his qualities have descended, but not all. Admirable as is the latter, and in some of his delineations so near does he approach perfection that the most severe critic can scarcely find cause for cavil, still it must be admitted, by all who have seen the elder Booth, that the son lacks that power of complete self-abnegation and entire identification with the character enacted possessed by his father. In this respect, in beholding the elder Booth we felt that we witnessed the very consummation of all that could possibly be desired. When he appeared as Richard, he did not seem to us as one merely acting the character, but as Richard he "lived, moved, and had his being;" and the same must be said of his Lear and Shylock. It is well known that in enacting Richard, so complete was his self-forgetfulness, and so "cunning of fence" was he, that most of his fellow actors were fearful of facing him as Richmond in the last death struggle, lest he really put an end to them upon the stage; and frequently he had to be reminded that he was merely personating a character, and must suffer himself to be slain, at times indeed no light task.

No nervous organization, however strong and complete originally, can endure the extreme tension necessary for such efforts for any great length of time without having to succumb, and the best reasons that can be given why he did not break down earlier and more completely, are to be found in the irregularity with which he pursued his calling as an actor, his extreme love for retirement into the bosom of his family, and for domestic and agricultural pursuits. The following anecdote from the "memorials" speaks more than volumes written on the preservation of health. "Mr. Flynn having obtained from my father a promise to perform for his benefit, sought him in his retirement to

remind him that the time of announcement was rapidly approaching. Crossing a field, he observed a person at a short distance digging potatoes, and called to him, 'Halloo! boy; where is Mr. Booth?' My father looked up from his work, and replied, 'Here, at your service.' Mr. Flynn reminded him of the benefit, and the potato patch was reluctantly left for the servants to finish." In due time he appeared before an immense audience in New York, an audience so dense that a portion of the stage was occupied by the anxious throng. "Up went the curtain, and on came the crook-back'd tyrant, his hands and face reddened by exposure to the sun, and health and vigor apparent in every movement: he never appeared to better advantage. There was a firmness and dignity in his tread, a brilliancy in his eye, and a manliness in the tones of his voice worthy of his palmiest days."

"His mind," says his daughter, "was peculiarly attuned to melancholy, and upon one occasion while on a voyage to the South, in the ship *Neptune*, he seemed particularly depressed, and spoke frequently of Conway, an actor who committed suicide by jumping into the sea. When the vessel neared the spot where the unfortunate man perished, Booth, moved no doubt by some delusion or hallucination, rushed from the cabin, saying he had a message for Conway, and jumped into the sea. A boat was immediately lowered, and he was rescued." From a remark he made to Flynn when in the boat, it is doubtful whether he seriously contemplated suicide. Probably the impulse seized him so suddenly that he did not fully weigh, as do most suicidal melancholics, the full consequences of the rash act, otherwise we think he would have opposed rather than quietly submitted to the rescue. After he was safe in the boat, his first words were, "I say, Tom, you are a heavy man,

be steady. If the boat upsets we are all drowned." Perhaps, however, prompted by the warm humanity for which he was ever distinguished, the remark was suggested more by a desire for the safety of his friends than for his own.

It was on this Charleston trip, we believe, that Booth had his nose broken. There have been various and contradictory accounts of this misfortune which so marred the beauty of his face, and caused ever afterwards that nasal sound of his voice, painful not only to himself but his many friends and admirers. We have the best authority for saying that the true account of the origin of this misfortune is given in the newspaper extract below.

"Booth and Flynn roomed together at a hotel in Charleston, S. C. They were both playing together at the same theatre. In the course of the night, having just returned from the theatre, in one of his fits Booth attacked Flynn, having the dress of Iago on, and with drawn sword he exclaimed, in the language of Iago,

'Nothing can or shall satisfy my soul,
'Till I am even with him—wife for wife;
Or failing so, yet that I have put the Moor
At least into a jealousy so strong
That judgment cannot cure.'

Flynn, in self-defence, grappled the fire poker and struck Booth over the nose, breaking it. Flynn ever regretted the act, as he idolized the man. This was the cause of that very marked nasal sound in Booth's utterance ever afterwards. Previous to this mishap Booth's face was remarkably handsome—his nose was prominent, but not too much so, and a little inclined to aquiline. His eyes were of a dark blue, full, bright, and piercing as the eagle's. His face, too, was remarkably beautiful and expressive."

The following letter of the actor, Charles H. Eaton, who was a great favorite of Mr. Booth, not only confirms this account, but sheds additional light on these unfortunate impulses of his disease.

"Since we parted I have been 'strutting my brief hour' upon the boards of the Olympic, Bowery and Franklin, New York, and upon the Pearl Street boards, Albany. I have just heard of Booth's attack upon poor Tom Flynn, at Charleston, and absolutely shudder as it recalls to memory the opportunity he had about three years ago to make me participate in a real tragedy. We were playing an engagement together at the same theatre at Baltimore, and reversed *Pierre* and *Jaffier*, in *Venice Preserved*, *Othello* and *Iago*, and on the second night he had played *Othello*, (a part he seldom personates,) to my *Iago*. After rehearsal, he came to my lodgings, and requested me to go through the part with him again. '*Iago*,' said he, 'you must do your best to-night, or I shall play you down.' There was a singularity in his manner which I had not observed before, and I must confess I felt considerable fear that he might fall into one of his melancholy paroxysms and do me great harm. We adjourned to an oyster room, and every time an oyster was opened he cried out '*murder*,' in various tones, with apparent horror. Night came. He played *Othello* splendidly, and drew down thunders of applause. In the last act, after the death of '*gentle Desdemona*,' it seemed as if all hell was raging in his heart; his eyes displayed the fierceness of a tiger, and his thrust at me I really believe would have been fatal, had I not suddenly stepped aside to avoid it. The audience were as hushed as death; my heart beat audibly, and it was a minute or two before I could recover my self-possession. A short time afterwards I passed a few days beneath his hospitable roof, and was treated with great kindness by him and his amiable lady. One night I was awakened by a tremendous crash in the next room. I hurried on my dressing gown and ran in the entry to see what was the matter. It seems that Booth had wound a sheet around him, and with light in hand had gone to his aged father's room; but the old gentleman, who happened to be awake and heard him coming, had dashed the bowl and pitcher on the floor at his feet, as Booth entered, and effectually frightened him out of his mad freak. '*Ah, Junius, Junius*,' said the venerable old man, 'will you never have done with these mad freaks?' Alas, for Booth! alas for the prostration of genius!

'So flourishes and fades majestic man.'

Yours, &c.,

"C. H. E."

There are forms of insanity in which the individuals will present for months no external manifestations of the disease, when suddenly from some strange illusion respecting those around them, they become excessively violent, so much so that it will require the efforts of several strong persons to prevent them from doing serious injury.

A young lady who has been under our care for several years, is thus afflicted: For a great part of the time she is very quiet, lady-like, amiable, industrious and kind, but suddenly she will spring up, from the table perhaps, and make a furious assault upon some one, and have to be restrained. When she comes to herself, which she usually does in a very short time, she is extremely grieved and greatly mortified at what she has done. Once when called to her just after one of these paroxysms, we found her in tears and greatly agitated at her conduct, and on questioning her she said she was utterly powerless to control these fits of violence. She said she thought the person she attacked was a ruffian who insulted her, and was about to do violence to her.

The following anecdote of Mr. Booth, which we have from a person who knew him well, will perhaps throw some light upon this strange condition of the mind and feelings. Riding with him once, near St. Louis, two Catholic priests crossed the road in front of them. To the utter astonishment of his companion, (for Mr. Booth was perfectly sober, and had up to the moment been quite calm and natural,) he put spurs to his horse and galloped toward them, exclaiming, "*Gomez and Pescara! ride them down! down with them! down with them!*" and it was as much as his companion could do to prevent him from riding over them. The two characters, Gomez and Pescara, as is well known, are two chiefs of the Inquisition in a tragedy of Shiel, called

The Apostate, and it being the Moorish Sabbath, Booth was doubtless that day "one of the faithful," and his blood being up at the sight of the supposed Inquisitors, his mind, for the moment, was caused to wander.

Once, when a devout Catholic, he walked from his farm in Harford county, Maryland, to Washington, D. C., with leaden inner soles in his shoes, by way of penance for some sin he fancied he had committed.

One of the most curious illustrations of that eccentricity of men of genius, which, if it does not amount to positive insanity, shows in a very interesting manner how different is their mode of thinking, acting and feeling from that of ordinary mortals, is found in Booth's singular negotiations respecting the Cape Hatteras light-house. We could hardly believe that a man occupying so proud a position in his profession, one upon whose glowing utterances thousands were wont to hang with awe-struck and admiring silence, should in the very zenith of his fame seriously propose to retire from the world and keep a light-house, (!) had we not the most convincing testimony that such was his strange purpose. That a man who could realize 300 dollars, at least, for every night he chose to exercise his legitimate calling, should seriously propose to toil and watch a whole year for that sum, *keeping a government light-house*, is indeed a strange anomaly in human character. In a memorandum, dated Sept. 12, —, we find the following:

"Spoke to Mr. Blount, collector of customs, and one of the passengers, about Cape Hatteras light-house. He offered it to me, with the dwelling house and twenty acres of land attached, and a salary of \$300 per annum, for keeping the light; government providing the oil and cotton; a quart of oil per diem. Grapes, melons, cabbages, potatoes, carrots and onions grow in abundance there; rain-water the only drink, a cistern on the premises for that purpose. Abundance of fish and wild fowl; pigs, cows and horses

find good pasture. Soil too light for wheat or corn. Flour bought for four or five dollars a barrel; the office is for life, and only taken away through misbehavior. Light-house seventy-five feet high. Light requires trimming every night at twelve o'clock; no taxes whatever; firewood is procured from pieces of wreck found on the shoals. One dollar per day is the charge for men who assist in cases of wreck. Strawberries, currant bushes and apple trees should be taken there; also a plough, spades, and a chest of carpenter's tools. *Pine* tables the best. Mr. Blount is to write me word if the office can be given me, in April next, from his seat in Washington, North Carolina."

This nice little project, which was to make him comfortable "*during good behavior*," was fortunately upset by the intrigues of theatrical managers at head-quarters, who were not yet ready to see so brilliant a star settle down into a light-house, burning only "*a quart of oil per diem*."

His great modesty and dislike for any special recognition when off the stage, are well illustrated by the following anecdote:

Once when engaged to play Richard III. in Louisville, and on his way there, the steamboat was detained by ice at a point several miles below the city. Having to meet his engagement that evening, he with a number of fellow-passengers, all strangers to him and he unknown to them, took a sleigh in order to reach the city in time; he to perform, and they to "see little Booth *do* Richard." This was the only means they had for the purpose. So retiring and thoughtful was he, and so plainly dressed, that no one had the faintest suspicion that the little odd man in brown was Booth, and they were inclined to quiz him. He, however, kept thoughtfully within himself. Driving at a furious rate, the sleigh tilted, and "a man overboard!" was the general cry. With great difficulty the horses were stopped, and a search commenced for the missing man, with many

curses loud and deep at the possibility of being kept from seeing Booth. Finally, out of all patience, and nearly frozen, the party re-entered the sleigh and were about to start, when at a distance a voice was heard ringing forth in accents clear and loud, and which could not be mistaken by any one that had before heard it, "A horse! a horse!! my kingdom for a horse!!!" "Booth, by Jove!" was the general response, and the quiet little man in a brown was gathered into the sleigh.

Booth was possessed of great kindness of heart, and was one of the most humane, unselfish and generous men that ever lived. He cared little for money, only as a means to gratify his humane and kindly impulses; and as for fame, perhaps so much was never carried by any man with such careless ease and real indifference. His faults are of a kind incident to such a nature. His humanity was illustrated more by example than by precept. "My earliest recollection of my father," says the amiable writer of these memorials, "is seeing him on his knees before a rough sailor, who had asked alms at the door; the poor fellow had a bad wound on his leg, which was suffering from neglect, and my father brought him into the house, washed and bandaged the wound for him with the tenderest care. These little kindnesses were almost daily occurrences. He delighted to seek out the destitute and unfortunate, and aid by his sympathy as well as by his bounty." His loving kindness was not confined by any means to his fellow-creatures, but went out towards the whole animal creation, and in a manner so strange and eccentric at times, that it was not unfrequently regarded as the evidence of insanity. A very amiable insanity it must be admitted, and a very natural outgrowth of a disposition we can but wish was more common in a cruel and selfish world.

His ideas of the sacredness of animal life were certainly very eccentric, if not positively insane. All animals about his farm were secure from harm; he allowed nothing to be killed or to suffer in any way, if he could prevent it. He indulged in no animal food himself for years, neither would he suffer it to be used in his family. Upon one occasion he returned home unexpectedly, and found his family had been indulging in animal food. Notwithstanding every effort was made to get the roast out of the way, and to prevent his discovery of the transgression, his keen senses caught the odor, and the grief he expressed was painful. If ever they indulged again, it was only when they had the most positive evidence that he was miles from home.

A very amusing anecdote respecting his aversion to animal food, was related to the writer not long since by one who knew him well: Once, when journeying with him by steamboat, a very grave and respectable Quaker gentleman sat opposite them at the supper table. In profusion on either hand were all kinds of cold meats; dish after dish was passed to Mr. Booth by the polite Quaker, and as politely declined. Finally, handing something for which he seemed to entertain a special aversion, Mr. Booth fastened his deep, lustrous eye upon the Quaker, and with a quiet earnestness which no man could better assume, said, "Friend! I only indulge in one kind of flesh—human flesh—that I take raw!" It is unnecessary to remark, said the gentleman, that no more "*flesh*" was passed to us by the astonished Quaker.

The Rev. James Freeman Clark, a distinguished Unitarian clergyman of Boston, in the Atlantic Monthly for September, 1861, gives in detail a singularly interesting account of a strange interview with this great actor, which is perhaps only one of scores of "odd ad-

ventures" with Mr. Booth which have never been as well told. This adventure we condense as much as is consistent with the preservation of the narrative. The interview was brought about by the following letter:

"UNITED STATES HOTEL, Jan. 4, 1834.

"Sir:—I hope you will excuse the liberty of a stranger in addressing you on a subject he feels great interest in. It is to request a place of interment for his friend(s) in the church yard, and also the expense attendant on the purchase of such place of temporary repose. Your communication on this matter will greatly oblige, sir, your respectful and obedient servant,

J. B. BOOTH.

The word friends in the letter was so written that it could be taken in either the singular or plural number. The former construction was very naturally put upon it, and Mr. Clark, failing to procure the information, proceeded at once to the hotel, thinking he might be of some service to a distinguished stranger in bereavement and distress. He was received most kindly and politely, and entertained for a long time with an elaborate and ingenious scriptural argument against the use of animal food; after which he read to him Coleridge's *Ancient Mariner*, in a manner so impressive that he actually forgot both where he was and the errand on which he had come. After some further conversation, he asked Mr. Clark if he would like to look upon the remains, and being answered in the affirmative, Mr. Booth took a candle and led him into an adjoining room, where he soon discovered that the doubtful word "friend(s)" should have been in the plural number; for instead of a human corpse, in readiness for the last sad rites, he was shown on a large sheet in a corner of a room *about a bushel of wild pigeons*.

We condense the remainder of the "odd adventure," so curiously illustrative of his character, and so interesting psychologically, in the language of Mr. Clark:

"Booth knelt down by the side of the birds, and with every evidence of sincere affliction began to mourn over them. He took them up in his hands tenderly, and pressed them to his heart. For a few moments he seemed to forget my presence. For this I was glad, for it gave me a little time to recover from my astonishment, and to consider rapidly what it might mean. As I look back now, and think of the oddity of the situation, I rather wonder at my own self-possession. It was a sufficiently trying position. At first I thought it was a hoax, an intentional piece of practical fun, of which I was to be the object; but even in the moment allowed me to think I decided that this could not be, for I recalled the long and elaborate Bible argument against taking the life of animals, which could hardly have been got up for the occasion. I considered also that as a joke it would be too poor in itself, and too unworthy of a man like Booth, so I decided that it was a sincere conviction, an idea, exaggerated perhaps to the borders of monomania, of the sacredness of all life, and I determined to treat the conviction with respect, as all sincere and religious convictions deserve to be treated.

"I also saw the motive for this particular course of action. During the week immense quantities of the wild pigeon (passenger pigeon, *columbia migratoria*,) had been flying over the city on their way to and from a roost in the neighborhood. These birds had been slaughtered by myriads, and were for sale by the bushel at the corner of every street in the city. Although all the birds which could be killed by man made the smallest impression on the vast multitude contained in one of these flocks, computed by Wilson to consist of more than twenty-two hundred millions, yet to Booth the destruction seemed wasteful, wanton, and from his point of view was a willful and barbarous murder. Such a sentiment was perhaps an exaggeration, still I could not but feel a certain sympathy with its humanity. It was an error in a good direction. If an insanity, it was better than the cold, heartless sanity of most men. By the time, therefore, that Booth was ready to speak I was prepared to answer. 'You see,' said he, 'these innocent victims of man's barbarity. I wish to testify in some public way against this wanton destruction of life, and I want you to help me. Will you? My intention was to purchase a place in the burial ground, and have them put into a coffin and carried in a hearse.' I heard in a day or two that he had actually purchased a lot in the cemetery, two or three miles below the city, that he had had a coffin made, hired a hearse and carriage, and had gone through all the

solemnity of a regular funeral. For several days he continued to visit the grave of his little friends, and mourned over them with grief which did not seem theatrical. Meantime he acted every night at the theater, and my friends told me that his acting was of unsurpassed excellence. A vein of insanity began, however, to mingle in his conduct. His fellow actors were afraid of him. He looked terribly in earnest on the stage, and when he went behind the scenes he spoke to no one, but sat still, looking sternly at the ground. During the day he walked about town, giving apples to the horses, and talked to the drivers, urging them to treat their animals with kindness.

"An incident happened one day which illustrated still further his sympathy for the humbler races of animals. One of the sudden freshets which come to the Ohio, caused commonly by heavy rains melting the snow in the valleys of its tributary streams, had raised the river to an unusual height. The yellow torrent rushed along its channel, bearing on its surface logs, boards, and the *debris* of fences, shanties and lumber yards. A steamboat forced by the rapid current against the stone landing, had been stove, and lay a wreck on the bottom, with the water rising rapidly around it. A horse had been left fastened on the boat, and it looked as if he would be drowned. Booth was on the landing, and he took from his pocket twenty dollars and offered it to any one who would get to the boat and cut the halter, so that the horse might swim ashore. Some one was found to do it, and the horse's life was saved."

So this golden thread of human sympathy with all creatures whom God has made, ran through the darkening moods of his genius. He had well laid to heart the fine moral of his favorite poem, that

"He prayeth well, who loveth well
Both man and bird and beast."

"He prayeth best, who loveth best
All things, both great and small,
For the dear God who loveth us,
He made and loveth all."

As a companion to the horse and pigeon stories of Rev. Mr. Clark, we have been told that once, when living on his farm in Harford county, he sent for all his

neighbors and friends, far and near, to come to his place and attend a funeral. When they arrived they found, to their great disgust, that it was the carcase of a favorite horse that he wished to have buried with all due solemnity. The crowd retired, some in disgust, others laughing at the strange performance. His family, however, understood the meaning of the thing. A physician was sent for, and the "chief mourner" passed through a long and unusually serious attack of disease. One night when he was to act he did not appear, nor could he be found at his lodgings. He did not come home that night. Next morning he was found in the woods, several miles from the city, wandering in the snow. He was taken care of. His derangement proved to be temporary, and his reason returned in a few days.

We have the best authority for believing that this tendency in Booth to disappoint audiences before whom he was to appear, and for which he was so much censured, (most people being inclined to attribute it to habits of dissipation,) arose far more frequently from causes over which he had no control. When at home he would sometimes disappear in a very strange and unaccountable manner, remaining away for hours at a time, and return silent, thoughtful, and completely abstracted, either unable, or not inclined to give any account of himself. His family were not disposed to question him closely at such times, but were fully convinced that these strange freaks were not in the remotest degree connected with inebriety. Anything occurring suddenly which was calculated to rouse strongly his sympathies, would cause him to forget entirely his engagements, and many times large audiences impatiently waiting his appearance on the stage, were doomed to disappointment, and left muttering their imprecations, while he himself was quite unconscious of any impropriety till reminded of his neglect.

On one occasion, when he was expected to appear before a crowded audience at the Park Theatre, the time for the curtain to rise came, and he was nowhere to be found. Messengers were sent in all directions, and he was finally discovered at a fire in an adjoining street working with all his strength at an engine. Upon being asked what he was doing there, he replied with the most childish *naïveté*, that he was helping to save the property of unfortunate people. X

We cannot close this very imperfect analysis of the moral and intellectual character of one in whom the elements were so strangely mixed as to lead the world to doubt whether they were of good or of evil, without a glance at his religious convictions.

These, as was to have been expected, partook largely of his native mental and moral characteristics. They were broad, liberal, comprehensive, and founded upon love. With him, indeed, love was the fulfillment of the law, and without it all loudly proclaimed professions were but "sounding brass and a tinkling cymbal."

"All forms of religion," says his daughter, "and all temples of devotion were sacred to him, and in passing churches he never failed to bow his head reverently. He worshipped at many shrines; he admired the Koran, and in that volume many beautiful passages are underscored. Days sacred to color, ore, and metals, were religiously observed by him. In the synagogue he was known as a Jew, because he conversed with rabbis and learned doctors, and joined their worship in the Hebraic tongue. He read the Talmud, and strictly adhered to many of its laws. Several fathers of the Roman Catholic church recount pleasant hours spent with him in theological discourse, and aver that he was of their persuasion, by his knowledge of the mysteries of their faith. Of the numerous houses of worship to

which I have accompanied my father, the one he most loved to frequent was a floating church, or 'Sailors' Bethel.' The congregation was of the humblest degree, and the ministry not at all edifying. I remember kneeling through a lengthy impromptu prayer, which contained no spirit of piety to my childish ears, and looking wearily at my father I beheld his face so earnestly inspired with devotion that I felt rebuked, and it became pleasant to attend to that which was so devoid of interest before."

He was emphatically a devout man. His last words uttered in the ear of the steward of the steamboat, his sole attendant in his dying hour, were "Pray! pray! pray!" and thus passed from earth this troubled, but loving, sincere and humane spirit.

If to possess the most lively humanity, and a child-like, confiding faith in everything that is good, noble and pure, in whatever shape it presents itself, is acceptable on high; if to cherish for all animate nature the most tender love, is to fulfil the law and cause much to be forgiven; if he who considereth the poor is blessed, then may we not hope that this man, after his weary toil in the journey of life, bearing his heavy burden of disease, at last found rest in the Kingdom of that God he tried to worship "in spirit and in truth," and that Redeemer in whose footsteps he, at least, strove to walk according to the light that was in him, and the power that was given him.

INTRODUCTORY LECTURE AT THE REOPEN-
ING OF THE PSYCHIATRICAL CLINIC, AT
BERLIN, MAY 2, 1867.

BY W. GRIESINGER.

TRANSLATED FROM THE ARCHIV FÜR PSYCHIATRIA UND
VERVENKRAANKHEITEN.

GENTLEMEN:—As I see you before me to-day, about to enter upon the study of Psychiatria, I imagine myself in your position. Although many long years have passed, the time when I entered upon this study is vividly before me. I asked myself, in my longing for knowledge, what I should first pursue? What I should most enjoy, and what seemed most worthy of investigation? I answered without hesitation, the understanding of the diseased mind itself. Before my first yet uncultivated view stood the fact that, contrary to the testimony of sense and experience, against the testimony of a whole life's history, a great many of these patients entertained, in regard to their circumstances, their personality, and their relations to their surroundings in the world, the most strange and perverted views. What kind of errors are these? How did they get their ideas, and why do they cling so firmly to them? I thought then, in order to be able to treat these patients successfully, we must possess the power of penetrating the inmost recesses of the spirit; that in so doing we would obtain a knowledge of the most noble mechanism on earth, and that this knowledge was only to be obtained in this way.

Now I know that these questions are not the most important in Psychiatria, and as they recede from my

which I have accompanied my father, the one he most loved to frequent was a floating church, or 'Sailors' Bethel.' The congregation was of the humblest degree, and the ministry not at all edifying. I remember kneeling through a lengthy impromptu prayer, which contained no spirit of piety to my childish ears, and looking wearily at my father I beheld his face so earnestly inspired with devotion that I felt rebuked, and it became pleasant to attend to that which was so devoid of interest before."

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Now I know that these questions are not the most important in Psychiatria, and as they recede from my

view in the background, others of far greater significance appear. But they still have a great power of attraction, and as there are, no doubt, many of you, who to-day are desirous of knowing something of the operations of the diseased mind, I shall on this occasion seek to satisfy your wishes.

It is no less strange than true, that at present psychological theories are rarely treated of in *Psychiatria*. People are weary of the subject, and seem disposed to lose confidence in it. There was a direction in *Psychiatria*, a sort of bye-way of medicine, of course of *Psychiatria* also, where these psychical disturbances were supposed to be the only ones necessary to be looked for in the patient; the condition of the pulse, appetite, duration of sleep, &c., were considered of minor importance, and the attempt was made in the analysis of mental disturbances, to use certain psychological dogmas of doubtful value, brought from districts external to *Psychiatria*.

Science has long since turned away from these unproductive channels, and now from our neuro-pathological stand-point we can, without fear of mistake, make these erroneous impressions and actions the principal subject of *Psychiatria*. We can enter upon the special consideration of a circle of psychological symptoms, once considered the chief object in *Psychiatria*, and pursue a separate line of investigation. But there are three things which in *Psychiatria* must not be left out of view. First.—We must not allow ourselves to take a one-sided view of these psychological phenomena, as they form a group of motor and sensory disturbances in diseases of the brain, which have to be carefully looked into for therapeutic and diagnostic purposes. Secondly.—Only real psychological matters of fact are to be brought to the investigation of the phenomena,

and we are never to seek to bring from without the psychology of the philosopher to bear upon the subject. Thirdly.—We should, before all things, seek to find out the elements of the psychical abnormalities, and to understand them.

The difficulties which attend these investigations are very great, and how shall we be able to solve them in all their complicity as we see them in certain psychological forms, such as mania, melancholia, &c.?

From this point of view let me seek to bring before you a few psychological observations touching that strange phenomenon, the incoherence, or erroneous speech of the insane. Among the insane in our institutions we shall find many who do not manifest their infirmity in speech. Their disposition and habits are anomalous, and quite different from what they were formerly, and without cause they are gloomy, excitable, mischievous or serene, and perhaps they have become aggressive. Their self-perception is that of good health, and their speech, conduct and action, are anomalous only so far as to give expression to this. Really false perceptions or wrong statements respecting themselves they will not express. In short, they avoid giving utterance to anything which a healthy man would hesitate to express under the same circumstances, or animated by the same feelings. If such insane perpetrate jokes or sing songs in circumstances which would cause the healthy to feel serious; if they assume a certain pathetic or affected tone; if in an excitable and hasty manner they express a wish for visitors, for a change of garments, and the like, this is only a manifestation of their state of feeling, and no one would consider the expressions insane. We find the same disposition, or what is analogous, in the disturbance of the will, irascibility, etc., in the commencement of insanity. This feeling may strike the

patient himself in the most painful manner. At times we may meet in every-day life, people in the same condition, where the pathological state of the brain has not yet reached a stand-point where it would be necessary to place them with those considered insane; yet these anomalies of instinct, passion, feeling and desire, may show themselves in their actions without being manifested in conversation.

We are to make a careful distinction between such as utter nothing that is erroneous, and those that continually keep silent, because they do not allow themselves to speak out their false ideas. There are in asylums a special class of female patients who keep quietly busy day after day, and who may not utter an insane word in three months, but whose minds are filled with imaginary things, and whose heads are nests of wrong ideas, and whose senses are fruitful of the most insane visions. To one, a count has passed the house and made a declaration of love. To another, the preacher heard yesterday has become a bridegroom, &c. It is seldom you hear this, but at times expression is given to it in detached words, notes, &c. As a general thing they have learned to keep these emotions or delusions secret, but they are nevertheless persuaded that they will some day prove true.

These patients will not probably talk erroneously, but their unsettled thoughts, their ideal questions and answers move in such erroneous paths that they themselves can hardly see the outlet. There are, sometimes, cases of rare occurrence where we may have abnormal ideas which cannot be expressed, because they are yet too dark and weak to be put in words. Such was the case with a lady sent to me from Russia. Being epileptic, she would at times feel a sort of neuralgic sensation in the head, and with it, as often as she was in

this state, many new and curious ideas would spring up whatever effort she made to suppress them, but so dark and rapid were all these that she could not afterwards relate them, but all that she could retain of them seemed to be of a religious character.*

However, with a great majority of the so-called insane, we shall find genuine insane speaking very often after a short conversation; indeed, after a few words. In the more complicated psychical cases we shall perceive the irrational conversation in their hallucinations, their overdrawn representations, their quickly forgetting their last expressions, &c., or a sort of weakness or unsteadiness of thought.

The corporeal sources of delusion are also numerous; abnormal sensations, anomalous muscular actions and associations of diseased sensibilities. We must try as much as possible in concrete cases to ascertain which of those disturbances of the thinking process is present. *Si duo dicunt idem, non est idem*—their origin, inner conformation and meaning may be entirely different. But I shall not enter at present more fully on this point, but proceed to speak of the abnormal condition of the perceptions.

At first when you have heard ten or twenty of these patients, it seems to you quite impossible to bring that into order which is so contrary to common sense; the abnormal meaning of their conversation will seem to you just as variable as the meaning of human conversation, as the play of ideas in general. Step into the room of a

* With the treatment of a uterine affection her symptoms rapidly improved. This case belongs to the category of which I spoke in a former lecture as "*dysthimia frontales*," and the like. Lately I have seen a gentleman who is engaged in a Bureau, who complained that he could not think as usual, and experienced a strange sensation over the whole body.

maniac and he will address you with these words: "Your wife is dead," "Your father was here yesterday," "Give me some coffee," "N. N. is a very good man," "In ——— all the horses run away," &c., &c. He can keep on in this way for whole hours or days, in which he will give himself up to the uncontrollable play of thoughts, illusions, remembrances, &c. But after you have heard a great number of the insane you will remark that with many of them the same delusions are constantly repeated. Read the history of the insane of all times; go to the asylums of Europe and America; observe all classes, and always and everywhere you will find certain kinds of delusions constantly repeated as though inexhaustible and stereotyped. It is as if the patients had learned them of each other, and agreed among themselves as to the form of expression. There is not so much variety as in the conversation of every day life, but it cannot be by mere chance that a few false conceptions will always return with such great regularity. That among ten, seven will so have spoken, and probably in five through their whole sickness, these will have been their chief delusions—often the first and the last of their diseased conceptions. It is as if they were always ready to reappear, and I should like to designate them as typical, fundamental, or *primordial*. What are their relations? Of what do they consist?

We can distinguish several chief groups. Two of these will fall under our notice, in the first place, as there is in them a certain antithesis. In the first group they portray their sufferings, prejudices, and oppressions. "They have poisoned me. I am persecuted. I am wicked. I am to be judged. I shall die." These expressions belong to the primordial delusions. When expressions that seem to have an active, expansive character alone appear to predominate, such as "I am great.

I have much. I know much. I am rich. I am noble. I am powerful," they are called delusions of exaltation. But we are only to call them so in such instances, or we commit a great mistake. However, it does not make a very great difference how the main contents of the delusions are comprehended.

For instance, in the first group, it does not matter if the mother says she is to be poisoned, or that her children are. It is all the same; her children are a part of herself. How one or the other of these patients speaks of death, or the grave, or of his own wickedness, is a matter of indifference. But one practical and highly important primordial delusion, and one that needs especial notice, is that which is briefly expressed in the following words: "I can bear it no longer, I dare not live any longer," &c., as these expressions often precede sudden suicides. In the primordial delusions of the second group, we have the same variety in the main direction, and same original tone. A patient may say to-day, "I am a goddess;" to-morrow, that she is a princess, and the day after that she is the brother of Christ, and the like. One patient may revel in a region of elevated ideas: another, like the stupid Midas, would have everything turned to gold. Very often the patient himself is not a person of high nobility, but his intercourse is with that class. The king has spoken to him, and given him gold, or an order: he (the patient) imagines himself in the king's court, and his companions are princes, &c. These are only variations of one and the same theme. These two main groups are not the only ones. I should not like to group those hypochondriacal delusions as an inferior kind of depressive ideas. I should also be inclined to separate the whole group of *sexual delusions*, (imaginary influences on the sexual parts, imaginary excitements, &c., &c.,) from the whole

dominion of the erotics, and hold them as something particular. We cannot so easily place those peculiar hallucinations of universal change, (everything seeming to be inverted, the date wrong, companions puppets, all a show, &c.,) under the depressive group. There must be some particular antecedent which brings forth this peculiar mode of expression. I cannot now follow the subject as to how far these productions are connected with the so-called illusions of the senses: it is certain that the above characteristic main groups are the most frequent, and therefore the most easily observed—the most fleeting and most interesting. These absolutely erroneous, warped, and absurd delusions are produced in many instances by psychical disturbances with indecent hilarity, and abound always in the same direction. The antecedents of the one kind are always present, and opposite delusions can never appear. So we may observe, for example, in many so-called paralytics delusions of exaltation. In many melancholics, depressive delusions enter so fearfully that not an atom of anything else can find a place in the mind. But we very often find also, if our attention is especially directed to it, both of these opposite kinds of primordial delusions in the same individual. They may arise from a rapid change of ideas: the maniac may say in one breath, I have taken poison, I am the king, &c. It may also be that one series of ideas predominates, and the other is shown temporarily. This is seen very frequently by close observation in cases of the so-called paralytics. In the midst of the most abundant ideas of exaltation, the patient will assert that the physicians are poison-mixers, and that under the floor there is a rabble that is troubling him, that he is going to be shot, or that he is to be butchered to-day; and the deep melancholic, who in general speaks of nothing but the pictures of

death, may occasionally utter, although in the same whining tone, that there is to be a feast in the king's court, that the people in the room are princes, &c. But there may be also highly interesting cases where these two principal groups of primordial delusions are very slowly developed together, the slow process continuing a number of years, and the reverse delusions, exaltations, and persecutions, may have time gradually to arrange themselves in a strong combination of ideas. They are thus embraced in a so-called system of insane delusion; where is often produced a most peculiar and complicated mixture of perverted ideas, of exaltation, and persecution. These patients possessed large fortunes and inheritances of which they were deprived, and people are persecuting them on that account; they are descendants of royalty, but are not recognized; their rights are ignored, &c. These peculiar and very chronic disturbances I do not believe to be secondary (as maintained in my book,) but am convinced myself of the protogenetic formation of their condition, and now point them out as primary delusions. But we are keeping away from the so-called forms of *Psychiatria*: let us go back to the elements which we formerly observed; to our primordial delusions. In the complex, erroneous language of the patients, in their secondary, tertiary, hundred-fold combinations, the observer will with ease perceive out of this insane union the two main classes. How did they originate? It is certain they did not originate from current ideas, or from any remembrance or ideas of sane life.

To be poisoned, or to be an emperor, never entered into the imagination of a sane person. Such imaginations belong without doubt to the class of common delusions, in regard to the thoughts and feelings which related to their daily employments, their joys and sor-

maniac and he will address you with these words: "Your wife is dead," "Your father was here yesterday," "Give me some coffee," "N. N. is a very good man," "In —— all the horses run away," &c., &c. He can keep on in this way for whole hours or days, in which he will give himself up to the uncontrollable play of thoughts, illusions, remembrances, &c. But after you have heard a great number of the insane you will remark that with many of them the same delusions are constantly repeated. Read the history of the insane of all times; go to the asylums of Europe and America; observe all classes, and always and everywhere you will find certain kinds of delusions constantly repeated as though inexhaustible and stereotyped. It is as if the patients had learned them of each other, and agreed among themselves as to the form of expression. There is not so much variety as in the conversation of every day life, but it cannot be by mere chance that a few false conceptions will always return with such great regularity. That among ten, seven will so have spoken, and probably in five through their whole sickness, these will have been their chief delusions—often the first and the last of their diseased conceptions. It is as if they were always ready to reappear, and I should like to designate them as typical, fundamental, or *primordial*. What are their relations? Of what do they consist?

We can distinguish several chief groups. Two of these will fall under our notice, in the first place, as there is in them a certain antithesis. In the first group they portray their sufferings, prejudices, and oppressions. "They have poisoned me. I am persecuted. I am wicked. I am to be judged. I shall die." These expressions belong to the primordial delusions. When expressions that seem to have an active, expansive character alone appear to predominate, such as "I am great.

I have much. I know much. I am rich. I am noble. I am powerful," they are called delusions of exaltation. But we are only to call them so in such instances, or we commit a great mistake. However, it does not make a very great difference how the main contents of the delusions are comprehended.

For instance, in the first group, it does not matter if the mother says she is to be poisoned, or that her children are. It is all the same; her children are a part of herself. How one or the other of these patients speaks of death, or the grave, or of his own wickedness, is a matter of indifference. But one practical and highly important primordial delusion, and one that needs especial notice, is that which is briefly expressed in the following words: "I can bear it no longer, I dare not live any longer," &c., as these expressions often precede sudden suicides. In the primordial delusions of the second group, we have the same variety in the main direction, and same original tone. A patient may say to-day, "I am a goddess;" to-morrow, that she is a princess, and the day after that she is the brother of Christ, and the like. One patient may revel in a region of elevated ideas: another, like the stupid Midas, would have everything turned to gold. Very often the patient himself is not a person of high nobility, but his intercourse is with that class. The king has spoken to him, and given him gold, or an order: he (the patient) imagines himself in the king's court, and his companions are princes, &c. These are only variations of one and the same theme. These two main groups are not the only ones. I should not like to group those hypochondriacal delusions as an inferior kind of depressive ideas. I should also be inclined to separate the whole group of *sexual delusions*, (imaginary influences on the sexual parts, imaginary excitements, &c., &c.,) from the whole

rows, when they were in health. The patients in whom this occurs are insane, and their insanity is the cause of these ideas. But how is it that this is just the substance? If we ask the patients themselves how they imbibe these delusions, they can give no reply. If we ask the convalescent, we find as a general rule their reply of no value: they commonly say they felt so at the time. We need not be astonished at this; it is as if we should ask a person who had been asleep why he dreamed this or that. Here and there you will find one reply, that a certain event of the day before, a certain bodily sensation during sleep, might have been the cause leading to the dreams. Occasionally we may hear from a convalescent, here and there, that he had a certain sensation in the head, (it might also have been a painful feeling in the feet,) which was the cause of his imagining that he was haunted. Others may give a very definite cause for the same delusions; for example, a patient who imagined he was to be executed, said afterwards that when he had taken off his clothing he imagined himself Christ crucified. But these statements of the quiet convalescent are to be taken with a good deal of allowance, as in general very little reliance can be placed upon them. But the question arises, why are these particular delusions produced? Why out of this illusion of the naked body should not a joyful rather than a sorrowful delusion have arisen?

Experience teaches us that there may be causes to produce these depressing delusions, such as "poisoning," "persecution," &c., &c., and sometimes such causes can be given; but for the expansive, or delusions of exaltation, it is less frequently the case. (The remainder corresponds with the substance of dreams in the healthy.) Very often we are inclined to believe that these primordial delusions may originate simply from hallucinations,

the erroneous idea of being haunted may arise from some suspicious noise, or out of the delusion that some one is walking behind the patient, or from some threat he may have received, &c. The idea of being poisoned may have arisen from the taste of unpalatable food. It is very often the case that certain words have made a serious impression on them. But has this been the cause of these delusions? Are the images of dreams the cause of dream delusions? Are not dreams and delusions expressions of the same condition of the soul? Is it not certain that these hallucinations are themselves delusion? And how happens it that patients arrive at just these hallucinations? All these questions show that we cannot bring the origin of primordial delusions out of hallucinations. And once again, let us consider how difficult in the experience of the healthy is the clear understanding of the power of hallucinations; then we shall come to see by this means how insane delusions are only to be overcome by a sensory guide of stronger intensity. An insane person pronounces himself the son of the emperor. I ask him, how do you know this? He replies, "A servant in the yard told me so," (hallucinations through an open window.) Would a sane man believe himself the son of an emperor even if he were told so by the servant of the emperor? No, never. The insane believe it only because their own hallucinations have given force to the normal delusions already existing. The sensual pictures of these erroneous delusions were not formed at the time, for they already existed.*

*There are different grades in the power of conviction in cases of primordial delusions. Many are aware that these delusions are false, but cannot divest themselves of them. Some make light of them: at the same time they give energetic expression to them. The same thing takes place in hallucinations.

I used to think that these primordial delusions mainly originated, or were caused by certain emotions, passions, or conditions, which in the earlier period of insanity played so important a part. In fact, the thing is better explained by hallucinations, but I have already in another place made allusion to this, (*Der Pathologie und Therapie der psychischen Krankheiten*), showing that just these delusions, which I now call primordial delusions, appear suddenly with the breaking off of the hallucinations without any special cause. Now I doubt myself whether, for the cases to which the explanation seems to be adapted, the presence of primordial delusions originate out of pathological emotions (as a cause.) The right expression is, if in general one can say that, for example, the delusion of being poisoned, to have been executed, &c., arises as a rule out of depressive, and the delusion of being king, emperor, out of really (of course insane) elevated emotions. Reflection in later years has shown me that this at least is not so common as I formerly believed. First, Many intelligent convalescents or quiet patients, assure us most distinctly that these primordial delusions have arisen without any perceptible excitement or emotion. We have, for instance, an intelligent female with periodic mania; every time in the beginning of the attack she has about the same kind of delusions—"her sisters are to be murdered." She assures us that these ideas press themselves upon her, and that they are beyond her control, but without any perceptible excitement of any kind. And there are a great number of patients, particularly demented, who mingle together all kind of delusions—"I am to be burned," "The king is in the hall," &c., without our being able to find in their behavior anything more than a trace of excitable emotion. We find this in cases of senile dementia, without having

any other form out of which the delusion here described could have sprung: also in those forms of primary insanity above spoken of. It seems that those ideas of exaltation and persecution are at first very weak, but gradually increase in strength and intensity, and quietly and without effort become developed as complete images of thought. Second, If these primordial delusions arose so entirely out of diseased dispositions and feelings, there would naturally be a proportion between the strength and height of both elements. But far from this: we know that with superficial and trifling disturbances of disposition, immense primordial delusions may arise, and also with the most intense anguish, nothing of the kind takes place. Out of a hundred-fold more exciting emotions of the mind than those of the maniac, who will change every moment from one thing to another, there will never arise in the sane man the delusion that he is to be burned, or to be emperor of Germany, or brother of Christ; there must certainly be something else beside these strong emotions causing these delusions which are so contrary to reality and to the whole history of the individual; but when in confused changes the opposing primordial delusions come to light; when the gabbling maniac says in one breath, "I am poisoned," "I present you a million," "You are Napoleon," &c., is it to be imagined that here in his case the excitable emotion so suddenly changes from one minute to another, the external appearance of the patient showing nothing of the kind; that every one of these passions will swell up in an instant to such a magnitude that these extraordinary expressions must be produced? Third: But in general these depressive ideas and ideas of exaltation do not exclude each other. It is possible in real melancholics, or in many paralytics, that the delusions of one character are so predominant

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ing that the other class seem to have no time to develop themselves. By a closer observation we may find the last, that is the main character of the contra-delusion, oftener than we should expect.*

In the nature of delirium there is no such antithesis between melancholia and mania as was formerly supposed, and as there would be if only one of the absorbing delusions were manifested. Indeed, what is most reasonable, one kind of primordial delusion may be present for months together, and yet there may exist at the same time a contrary disposition of mind. A very pretty example of this we have among our patients. She distinctly characterizes herself as a melancholic by deep depression and self accusation. If I speak with her she complains of "everlasting punishment and stupid thoughts." What thoughts? To be poisoned, to be haunted, to be executed? No, not at all; on the contrary she has ideas of exaltation. She thinks she is a princess: "The idea overpowers me," she says. "I cannot control it; for months I strove against it without ceasing; should I give it up and finish the picture I should never be mistress of my madness." Such cases are highly interesting, psychologically considered; they array themselves very distinctly against the too general proposition, that the primordial delusions always arise from the basis of governing sensibility. Fourth: And whenever these delusions are combined with the resembling sensibilities and dispositions, as frequently happens, it is questionable whether the last are the cause or the former. Such *euphoria* often happens, for example,

* As I am writing this there occurs to my mind a very characteristic example. I asked a puerperal patient, who had got into a melancholic or dreamy condition, if she knew where she was. She replied slowly and quietly, "With the crown prince and the counsellor of the government."

in paralysis—here we have such highly elevated and overpowering sensibility, that the patient will fall into our arms like an intoxicated person, and exclaim, “I can never realize such prosperity,” “I cannot comprehend such blessedness,” “I shall be insane!” but are these sensibilities the cause of the delusions? “I am the author of all the tragedies in the world,” “I used to be the first prima donna,” “All railroads are my property,” “I bought Turkey.” I should prefer to call the relations here, as well as the hallucinations, both the feelings and concrete delusion manifested, expressions of one and the same conditions of the mind—a part is given forth in words, and another in emotions and extensions of relation. They are not concrete mental creations, but they give, as the main result and total effect, just the sensibilities and emotions of the mind. It is according to experience that our abnormal conditions of the brain, very often at first, give forth such abnormal emotions and expansions of relation, which we can readily distinguish as sensibilities of either an elevating or depressing character. Together with these, not necessarily arising out of and through them, there can, out of similar conditions of the brain, arise abnormal concrete conceptions; but these last may arise without the former being present. The delirium of acute diseases, for example, often arises altogether without emotional foundation.

But do not believe that these primordial delusions, as I have before called them, are only found among patients in lunatic asylums. I hear such often enough in the city. Several weeks since I saw a patient with severe disease of the spine, who at times was absent-minded. In such a condition he once inquired with great quietness for a mechanic, to make a chain for the ten orders with which he had just been decorated.

Several hours ago I was with a patient afflicted with atrophy of both optic nerves, resulting in an affection of the brain, and accompanied with giddiness. He is now walking up and down in a room, talking of poisoning, meanness and baseness, or of the fine country residence with which he was yesterday presented. Formerly I was more inclined to look upon these primordial delusions as logical productions arising out of emotional foundations. Now I lay more weight to their direct origin from cerebral disturbances. According to the present state of our knowledge, the process which gives rise to these imaginations takes place in the ganglion-cells of the outer substance of the brain. In the normal condition these activities are produced in the cells, and there are undoubtedly a great many in operation, and working together intimately, with the most wonderful regularity and quietness. In the same way, for example, as in walking, the ganglion-cells of the spinal cord work together in the most even and beautiful manner; working out those received sensitive impressions of the touched floor in a regular motor manner, so that there arises a complete harmony between the outer world and the will of the individual. By the anomalous action of the cells of the spinal cord, there will be produced such a walk as shows a want or harmony in the action of the two sides, (for example, in tabes,) so there must be immediately produced by the anomalous action of the cells of the cortical substance of the brain, words and imaginations of all kinds which can have no real existence. The small watch within our head is regulated in the same way as the great watch of the world; if its machinery is out of order, the two no longer go together—our thoughts are not in harmony with the outer world, nor with our former conceptions that were so. The abnormal action

of every ganglion-cell can be brought about by all possible diseases of the brain: the ideal activities appear always to arrange themselves in certain delirious chief categories. In conditions of atrophy, also in certain states of chronic meningitis, we have the same kinds of primordial delusions produced. Lately we had a case of numerous cysticerci of the external brain substance, and this patient frequently had delusions of poisoning. Very often the disturbance of the ganglion-cells is manifestly functional, and arises from some distant source. In this class belong what I call diseased, sympathetic, and associate delusions. Imagine to yourself, for instance, in order to understand—First, certain sympathetic pathological sensibilities. A convalescent from typhus, for example, tells us that as the brush comes in contact with his teeth, he experiences an electric shock to his limbs, a very easily understood illustration of central transmission of sensations. A healthy person informs us he saw a boy in danger of falling out of a wagon which was going very fast, and he immediately experienced a sensation of tremor in his limbs. Here we have delusions caused by sympathy; but if on the contrary a neuralgic pain, or one of those very interesting aural sensibilities which we find in many patients, producing delusions which in the common experience of human life will never arise from such sensations, and with which they have no logical connection—for instance, certain delusions of trees, houses, and the like, or the delusion of being a very bad man, &c., which we call sympathetic delusions—we do not regard them as logical, but as being produced in a direct cerebral manner from the sensibilities. We have ground to believe that these original abnormal sensations may be very weak, and yet the emotion of sympathetic delusion in certain conditions of the brain may be very strong.

Indeed, it may be the case that the first disturbances, in the bowels for example, are occasionally not felt at all, and yet they may have caused these abnormal delusions, sympathetic delusions being frequently awakened by them, and will often stand or fall with them. There is another class of sympathetic delusions. Here the cerebral activities are not called forth by sensations, but set loose by other ideal operations not incident to the normal, healthy, well-balanced head, nor in any way resembling the laws of the so-called association of ideas, but entirely foreign and having no logical connection, as in a large majority of cases with the former class; as, for example, the delusion of being executed, persecuted, erotic delusions, or delusions of exaltation, &c. But do these originating mechanisms of primordial delusions, be they what they may, furnish us any data to explain their meaning? Can we say how, out of the unending variety of contradictory delusions, so few in such a symmetrical and monotonous manner become real? We cannot give a definite explanation of this, but by means of analogies we can throw some light on the matter. In diseases of the brain of a mild form, it frequently transpires that large groups of delusions arise without the least emotional foundation, and are manifested with great force, (as at other times individual groups will disappear.) These may be indifferent delusions. One of the first patients I treated in Berlin was a gentleman who experienced a few weeks before a very disagreeable sensation of pressure in the middle of the head, or, as he thought, directly above the palate. No symptoms of paralysis were awakened. Since then these symptoms occur, particularly if he attempts to read when he loses recollection, and this is attended by the sensation of a stormy whirling in the head, but, as he says, without giddiness. In the last few days before

I saw him there came into his mind many things which "did not belong there," namely, a disposition to reckon numbers in his head without any occasion to do so. If he rides in a drosky, he is constantly engaged with the number on the back seat, and seeking to extract the square root, &c., a thing of which he never before thought. After eight days all this disappeared. Shall we call these emotions, these imaginations that force themselves upon us, ("and do not belong there,") already an inward delirium? In a general sense not, but here also, as is often the case, the boundary is not distinctly marked.

In certain dreams we have the most evident examples, where the excitement of particular organs will awake without any external or internal emotive foundation, contain groups of delusions, apparently by the excitement of particular groups of ganglion-cells, which are in intimate connection with the cerebral nerves of these particular organs. Indeed we see how, in the most remarkable manner, slight changes in the condition of excitement of these related organs, may be the cause of very strong modifications in the disposition of the dream pictures. There are in certain conditions of intoxication (delirium tremens,) in many patients singular examples of one-sided, somewhat ill-defined, waking dream pictures or deliriums: the delusion of seeing animals, &c. The imaginatory apparatus of the brain put in the same pathological conditions by the same causes of disease, may produce in thousands and thousands of men in common, the same pictures and delusions. Are there here certain regions or provinces of the imaginatory apparatus (ganglion-cells,) that become disturbed? Is it a particular kind of disturbance? Is it perhaps the falling away of certain obstructions, for otherwise latent delusions, which here operate? One

way or the other, the analogy between the numberless mental diseases which are always of the same stereotyped character, such as delusions of persecutions, exaltations, &c., and the stereotyped images of the alcoholic brain affection, cannot be mistaken. Generally, as above remarked, the primordial delusions have to the convalescent most unwarrantable relations, owing to their outward non-motivity, (*un-motivirtes*,) and by their sudden appearance and disappearance, they seem to have the greatest similarity to hallucinatory occurrences. But there are yet more simple pathological conditions, as the special hallucinations which we have to draw upon, to throw light upon our theme. There are pathological conditions of the brain, where subjective colors arise in a very characteristic way; already partially accompanied with delirium or profound disturbances, and partly as the forerunner of that condition in which pathological dispositions, feelings, ideas, and actions, are very soon set loose. By close observation, we shall not unfrequently find such cases among our patients. We have lately had in our department, in rapid succession, three suicidal attempts, and the individuals before the act saw red colors.*

* An epileptic shoemaker, who tried to commit suicide the 20th day of February, 1867, by opening an artery in the region of the wrist, but who had no remembrance of the act, saw with open eyes and fully awake, in a dark room, a few nights before the deed, men on horseback who were all red. Also on the first days after his reception with us, he saw at night red lights and colors, birds with red eyes, &c. G——, a somewhat weak-minded peasant, fell into a melancholic dream condition. In the beginning he tried to commit suicide by hanging: on a certain day he, in a quiet, absent-minded condition, said to a relative, "There are flames coming out of the floor." Nine years ago he tried to commit suicide by drowning, and at that time also he previously saw fire. Another patient who tried to commit suicide by hanging, said that shortly before the action he thought it strange that, when wanting to read, all

I am not acquainted with any case where, in the excited conditions of the brain, other colors than red—perhaps blue or violet—present themselves, except in one case (to which I cannot give much weight,) where in a particular condition of the brain, and without any other anomaly of sight, a subjective green appeared before the open eyes. It would be interesting to continue this theme with wider research. These more simple proceedings of the subjective color-appearances in certain conditions of the brain, I should very well like to compare with the appearance of the simple, stereotyped, monotonous primordial delusions. Etherization gives us a thousand-fold modifications of color impressions, but as remarked, only one, or at most a few of these appear subjectively in the disturbed brain; and this is mostly a color of very pronounced character. The objective world gives a thousand-fold meaning and modification to our ideas; but in these diseases only a small number of primary disturbances of the imagination arise, and these disturbances show themselves in pa-

letters were red. This occurred two or three times, and he had to give up reading. One of the most remarkably degenerate men I ever observed, a young man of twenty years of age, whom I saw in Zurich, in 1864, and whom I had to examine in regard to a charge of arson, also had frequent and strong impulses to commit murder. On the appearance of active congestion of the head, he became a very wild being. He said in a letter to his brother the following words touching his condition of mind: "I see in my mind blood and fire, and the desire to murder and burn is increasing." This seeing of red is a very common phenomenon. The old literature of the so-called Pyromania contains several cases of this. In the maniacal attacks of epileptics the frequency of these illusions of subjective red colors, did not pass unnoticed by such a good observer as Jules Falret. *De l'état mental des épileptiques*, 1860, p. 18; also, *Delasiauve, Annal. Medico-Psych. Janv., 1867*, p. 55, speaks of a case of very depressed disposition with excited hallucinations of sight, whose many pictures would at times converge into an undefined red color.

tients, partly by sensibilities, (anxiety, happiness, &c.,) partly by certain words, and perversion of words, springing out of their own ideas, but yet moving in a very contracted circle, and being of a very pronounced character, (poison, persecution, and ideas of exaltation.) The multitude of subjective color-changes is great, but language has few main words and expressions to signify them, (red, brown, blue, &c.) Also we have few expressions, such as sour, sweet, and bitter, to designate the great multitude of taste sensibilities. So we have also for the inexhaustible infinity of our mental contents, just a series of certain circumscribed single expressions and words, above which no one can rise, and which therefore by the same inner agitation, must always, and in all, be reproduced. Likewise, out of the sense of feeling, we draw a very justifiable analogy for what has been said above. In the impressions made upon nerves there arises with all men similar sensations, for which they always find certain words applicable, as cold, hot, pouring, creeping of ants, &c., although no one has ever felt in his body the creeping of ants. So will the patient also in primordial delusions, find involuntarily only a very few designations proper to be used in his condition, and always the same words: poison, meanness, executions, riches, nobility, and the like appear. It is remarkable how primitive are these depressive primordial delusions, particularly how deep they sink down into the elementary constituents of the more simple forms of mind. Not only the idea of persecution, but the conceptions of poison, and the hurtfulness of food, are common to the higher animals, (natural in his species, as songs without words.) With a mistrustful glance we see the intelligent dog turn away from food which he has smelled and suspected; also in the dreams of the healthy, the delusion of persecution is frequent;

but on the contrary there is scarcely ever any indication of ideas of exaltation, and probably there is never any conception of a change of personality.

Experience also shows us, that the prolonged delusions of exaltation are more frequently combined with motor disturbances of the brain, than prolonged depressive delusions: the first are more frequently the results of palpable disease of the brain; the last may have been produced long ago, out of sympathetic irritation of the organ, or even directly from sympathetic delusions. Certainly the prognosis in both states is equally bad. When their continuance has been prolonged for a certain length of time, they stand in the same relation as those hallucinations, which after a time are recognized, up to now, as unaccountable, stubborn, and incurable. Moreover we may have the primordial delusions, the depressing and exalting, in all the so-called forms of mental disease: in the melancholic, the maniacal, in the demented, idiotic, hysterical, epileptic, paralytic, primary and secondary insanity, in the most recent as well as the most chronic. Their position on the whole is in relation to the physical disturbance, and with this their significance may be quite different, as was to be expected, but cannot be more particularly spoken of here. The consideration of most weight is, and always will be, whether and how far they are or are not combined with sensory and motor brain disturbances. Also, we cannot enter into the details of the broader and more logical working out of the thousand fold combinations of the primordial delusions, out of which very frequently is first produced the concrete erroneous language of the insane.

Gentlemen! have I succeeded in making myself understood, in these first indications? I cannot suppose I have made every thing clear to you. You may have

to see many patients to this end. You have at least arrived at some preliminary ideas of what you may expect *from the psychological side* of Psychiatria.

But, if as proposed, I have in some way met that first desire for knowledge of the diseased mind, one thing you may yet permit me, to meet your first feeling in regard to these patients, and bring nearer to you, not only the scientific, but the humanitarian stand-point. Do not believe this ever is in antagonism with the scientific; your first impressions of the insane will certainly be those of human sympathy. How sad is the happiness of the kings, and the fortune of the gods of asylums? How many of these unfortunates are so without any fault of their own. It is a disease which can seize upon any one of us as victims. How many there are whose fate it is to be stricken with an hereditary disposition to the disease, which beckons them away from their families towards crooked paths which can only lead downwards. Their cerebral actions appear to be different from the majority of mankind. The impressions of the outer world appear to impinge upon an abnormally excited centre; uncommon conditions of relation arise, unnatural dispositions are excited, active irritations, and a great tendency to weariness appear. Imaginations will be cherished, which in a healthy man are only permitted to arise as the most transient flights of fancy, and so these men are no longer capable of what is expected of healthy heads. So to many of them all things have happened amiss, and on account of this defective organization they have only learned to know the dark and bitter side of life. At last the time comes, when these anomalies of brain reaction reach a height where the individual must without doubt be regarded as spiritually and mentally diseased.

Frequently by a glance at these patients we feel that

their sinking away would be to them a final rest from the storms and tempests of life, and that death would be to them an escape from the greatest calamity that can happen to mankind. How contemptible would it appear, if we, from the height of our much praised reason, should look down upon language and action that is the expression of this misfortune. No, gentlemen, do not suppress those emotions of soul which seize upon us as we stand in the presence of these mysteries of destiny. Do not believe that human sympathy must vanish where scientific investigations begin. Far reaching questions of humanity are yet to be solved in the domain of *Psychiatria*. The great ideas spring from the heart. Better and more harmoniously will head and hand work together, if there is kept up a warm feeling for the unfortunate.

REPORTS OF AMERICAN HOSPITALS FOR THE INSANE FOR 1867.

There is perhaps no species of literary labor which is more generally regarded as dry and uninteresting, but which after all is much more practically useful, than the compiling and digesting of statistical facts. Thousands of pamphlets are annually scattered over our land, of which even the most obscure contains some useful hint or instructive fact, which only the drudgery of the statistician might rescue from the dust and oblivion to which so much of the fugitive literature of the day is consigned, and put it in its proper relations to other facts as material for building up the fair and constantly augmenting fabric of science. In every such department of human knowledge, social, political, medical, there are doubtless many useful facts and observations lost for

want of being recorded in some permanent form, or from having escaped the attention of those whose labor it is to gather together and systematize the results of human experience. We may at some future time endeavor to present a comprehensive view and comparison of all the principal facts embraced in the numerous Reports relating to Institutions for the Insane in this country. In the present article we must confine ourselves to the usual brief summary of such Reports for the year 1867 as have thus far been published, or as have reached us.

I. MAINE. *Reports of the Trustees and Superintendent of the Maine Insane Hospital.* Augusta. Dec. 1867.

The number of patients at the beginning of the year was 276: admitted during the year 150; discharged 123, of which were recovered 54, improved 27, unimproved 11; died 31; remaining in Hospital Nov. 30, 1867, 303, the largest number ever yet domiciled here at one time. The daily average for the year was 291. The deaths were, as usual, chiefly among the chronic, and include two suicidal cases. Among the causes of insanity, the largest number are attributed to "ill-health" (39) and intemperance (21.) Of the 426 under treatment during the year, 222 were men and 204 women. Dr. Harlow, in discussing the causes of insanity, lays great stress upon the derangement or perversion of the organs of reproduction, as entitled to a leading place in the destruction of physical health, and the production of insanity. He justly says, "More physical health, I apprehend, is primarily damaged, and more mental suffering is caused by a perversion of these organs than can be traced to any other one source." He quotes at length from the Report of Dr. Gray, of the New York State Lunatic Asylum, on the unnatural and wicked practice of procured abortion, which has become so fearfully

common, even among people of the better class, who seem to be unconscious of its real moral iniquity, and its fatal physical results; and adds the following statement:

It is stated with considerable assurance by Dr. Nathan Allen, of Lowell, in a paper on the population of Massachusetts, which he read at a late annual meeting of the "American Social Science Association," that never and nowhere in the history of the world was the practice of abortion so common as in this country at the present day, and it is his opinion that in New England alone, many thousand abortions are procured annually.

If this be true, it is no marvel that the general health of our females is far below that of our grandmothers, and that the peculiar disease—insanity, has an abundant supply of material upon which to feed and grow.

The financial affairs of the Institution seem to be in good condition, there being a balance in the treasury of receipts over expenditures of \$2,289.48. The farm has yielded products to the value of \$9,280.46; and the Trustees recommend the purchase of another farm adjoining at a cost of \$6,000. They also recommend the erection of an additional wing, very much needed from the increase in the number of male patients. A new one was recently built for the women. A new and large chapel is also earnestly recommended, that all who might be benefited by religious services (and this includes a much larger proportion than is generally supposed,) may have an opportunity to attend. A very good idea is also thrown out by Dr. Harlow, that under the same roof with the chapel rooms might be fitted up for very sick patients, where their friends could be with them during the critical hours of life, away from the common halls. It is to be hoped that the Legislature will at once authorize these improvements. During the last year a new Laundry building has been erected at a cost of \$6,673.96, with suitable washing, drying, and

ironing rooms, and furnished with three machines called the Hydraulic Power Clothes Washers, the operation of which is spoken of as very satisfactory.

II. VERMONT. *Thirty-First Annual Report of the Officers of the Vermont Asylum for the Insane.* Brattleboro. August, 1867.

Dr. Rockwell reports at the beginning of the year 493 patients: admitted 143; discharged 125, of which recovered 48, improved 21, died 38, leaving 18 "not improved." Of the 636 under treatment during the year 326 were men and 310 women. Dr Rockwell stands almost alone in being able to say "we have accommodations for all of the Insane of this State that require Hospital treatment." He has never been obliged to refuse applications (except one year in case of fire) nor to request the removal of a patient.

Dr. Rockwell in his brief report makes some very just and obvious reflections upon the importance of *early treatment* of this malady, the immediate removal of the patient from the influences and associations that have operated to produce his disease, the injudicious interference of friends in too frequent visits, the premature removal of patients after only a partial recovery, and the necessity of suitable and discreet attendants.

The report of the State Commissioner whose duty it is monthly to visit and examine into the condition of the Asylum, is very favorable to its management: but states the opinion that in view of the constant increase of this class in the community, the day is not distant when a liberal appropriation will be required to enlarge the accommodations of this Institution, so as to have "more spacious apartments and a larger number of attendants in proportion to the number of patients."

III. MASSACHUSETTS. *Fourteenth Annual Report of the Trustees of the State Lunatic Hospital at Taunton.* Oct. 1867.

This is an elaborate and interesting report, containing

several valuable statistical tables, covering a period of years. Dr Choate reports number at beginning of the year 341: admitted 265; discharged 184, recovered 90, improved 32, not improved 62: died 39, eloped 7; remaining Sept. 30, 1867, 376—men 179, women 197. The largest number at one time has been 402. The tables show a larger proportion of recoveries among men than women. Dr. Choate finds the cause of this difference in the different proportion of the mental and physical causes of the disease in the two sexes. In men physical causes predominate, such as intemperance, excesses, accidents and exposures, which are more amenable to treatment. In women mental causes, such as disappointment, religious excitement, loss of friends, wounded sensibilities, &c., are more common, and more inaccessible to medical skill. Since the opening of the Institution (14 years) the whole number recovered has been 1,143, nearly 40 per cent. of the whole number of admissions, which was 3,117. In 1864 the proportion rose to nearly 49 per cent.; during the past year it has been nearly 34 per cent. We find, however, that the policy has been pursued of removing from the State Hospital many of the chronic cases to be supported more cheaply by the State in other institutions. One interesting fact is shown by the statistics given by Dr. Choate, in reference to repeated admissions. Out of 3,117 admissions in 14 years, 2,691 patients were admitted *but once*, 108 twice, 37 three times, 16 four times, 3 five times, 2 six times, and one eight times, thus making 3,117 *admissions*, but 2,858 persons. This goes to show that perfect recovery does not leave so much danger of relapse as is generally supposed by the public, and that every facility should be given to the recovered insane in their efforts to reinstate themselves in their positions of usefulness in society. Dr. Choate does not hesitate to say that

where there is no hereditary tendency, the liability to recurrence of mental disease after recovery is no greater than the probability of a second attack of any other disease.

We shall make more use of some of Dr. Choate's statistical tables in a future article, but we cannot forbear noticing in this connection that one relating to the previous duration of insanity in those discharged recovered. It appears that of the 90 discharged recovered during the past year, 66 had been insane less than three months previous to their admission: and of 848 recoveries in the past 14 years, the proportion of those who had been insane *less* than three months was 615; between three and six months 94; six and twelve 52; one and two years 35; two and three years 20; over three years 25. This only confirms what the profession have all along urgently impressed upon the public attention—the paramount importance of immediate hospital treatment upon the first development of an insane condition.

Dr. Choate reports six insane criminals and one escaped. He properly reiterates the conviction that our hospitals are no place for this class. More enlightened views have now provided a separate plan of confinement and treatment for insane convicts in some of our States.

The rate of board has been raised to \$3.50 per week; 153 patients are supported by the State, 172 by towns, and 51 by individuals. The farm has yielded \$3,135, and the financial statement shows the current expenditure at \$70,937.83, or about \$187.17 for each patient, which is about balanced by the receipts.

Dr. Choate decidedly advocates enlargement of existing hospitals in preference to the construction of new ones. He believes that the provision demanded for the increasing number of the insane can be more efficiently

and economically attained by enlarging the size of our present establishments than in any other way, since the expense *per capita* is not found to increase in proportion to an increase in the numbers accommodated. As this hospital was originally designed for only about 250 patients, its present accommodations might be more than doubled with great advantage.

We regret to see in this report no reference to any provision for a chaplain, or for religious services, which we cannot but regard as of great importance in the moral treatment of the insane.

IV. MASSACHUSETTS. *Plans, Descriptions and Estimates of the Boston Hospital for the Insane, at Winthrop.* 1867.

This is a new Hospital in process of construction by the city of Boston. The site is in the town of Winthrop, about five miles from the City Hall, on an elevation of eighty feet above tide-marsh level, overlooking the city and bay, and includes a farm of 180 acres. The plan consists of a centre building of three stories, 60x92 feet, with another of two stories, in the rear, 49x156 feet, while still further in the rear is the Engine House, 47x104 feet. On each side of the centre building are wings of three sections each, the first two sections on each side being three stories in height, and the third but two stories. The material is brick, with granite trimmings. The arrangement is similar to that which is now most generally approved among the profession in the erection of new hospitals. The accommodations are designed for 300 patients, and the total cost is estimated at \$498,503. The plan gives eight wards to each sex, with arrangement of dining rooms, sitting rooms, bath rooms, &c.

As the buildings are to have French roofs, there will also be considerable space for rooms in the attics, which it is proposed to isolate for sick rooms. The centre

building is projected forward from the wings, an advantage, we conceive, in securing the proper isolation of the business portions of the building and the residences of officers with families. This arrangement also secures more light and air to the wards adjoining the centre. It would seem desirable to make such a building, with such costly centre structures, large enough to accommodate at least five hundred.

We regret to see an item of \$5,000 for mantels and grates in an institution designed for the city poor, and to be heated with steam and hot water.

V. MASSACHUSETTS. *Twelfth Annual Report of the Trustees of the State Lunatic Asylum, at Northampton.* October, 1867.

Dr. Earle reports number of patients at beginning of year, 405; admitted, 138, of which 30 were transferred from other State institutions; discharged recovered, 41; improved, 33; not improved, 9; died, 47; remaining, September 30, 413. Of the 138 admitted, 66 were private boarders, the rest supported by the State and towns. The percentage of recoveries exceeds that of any former year. Dr. Earle says:

Of the State patients who recovered, *two* were among those who had been transferred from the other State hospitals. One of these cases was of the most gratifying kind. The patient had long suffered with the most severe and debasing form of chronic mania. Her recovery was perfect.

Among the cases discharged as recovered were *seven* of delirium tremens or habitual inebriety. The application of 'recovered,' in these cases, simply implies that the persons were not under the influence of intoxicating liquors when they left.

Dr. Earle, as heretofore, includes in his Report some description of the treatment pursued. He bears witness to favorable effects of bromide of potassium in cases of epilepsy. We quote a few words of what he justly says.

of the usually unappreciated effects of the *moral* treatment:

Persons unconnected with these institutions have no gauge by which to measure the extent and the importance of this treatment. The number of patients cured and returned to their friends and their firesides constitutes no adequate criterion of its merits. The true metre is found within the walls of the hospital alone: in the daily current of life of all the patients, both the curable and the incurable; in the extent of exemption from the frequent concomitants of insanity, turbulence, violence, destructiveness; in the amount of rational conduct where irrational conduct is to be expected; in the degree of quietude where noise may be no surprise; in the measure of good order among the elements of disorder; in the prevalence of the ordinary aspects of domestic households, where the mass of mental influence would, if unrestrained, lead to whimsical and fantastical decoration of house and of person; and in the sum of enjoyment by a collection of persons from whom it is but too often believed that enjoyment is debarred.

Under this head he includes the religious services in the chapel on Sundays; also exercises of Scripture reading and sacred music, which have been held on 177 evenings; readings in prose and poetry, with music, 48 evenings; and lectures on 45 evenings, 38 of which were by Dr. Earle himself—six of them lectures on *Insanity* and diseases of the brain. On 26 evenings there were *dancing* exercises in the rotunda, which have been attended by about 175 residents of the house, at one time—patients and employés, we presume, of both sexes, though the Report does not say so distinctly. Thus it appears that only seventeen evenings of the whole year have passed without one of these assemblages in the chapel or the rotunda. It might be a question among some whether this be not carrying the matter to excess; but it is certain that religious exercises, and also various means of recreation, mental and physical, are found to be of great value in the treatment of the insane. It is certainly remarkable that out of an

average of 400 patients, the attendance at the Sunday services has averaged fully 300.

With reference to the question of the expediency of these religious services in insane hospitals, we quote a passage from Dr. Earle's report, which, we think, will be generally subscribed to:

One of the objections which has been alleged against assemblies for divine worship in these hospitals, is the danger that they may excite wrangling and controversy among the patients, upon creeds, dogmas and other matters of faith and opinion.

Such has not been the experience at this institution. Never since my connection with it have I either heard, or heard of, an excited discussion upon religious subjects among the patients.

Without an endeavor to portray the advantages of these Sabbath assemblies, it may suffice to express the opinion that it would be seriously detrimental to the hospital to abolish them. Were the design of the buildings for a similar institution to be intrusted to me, one of the radical elements of the plan would be the construction of a chapel,—or a room to be used for both religious and other purposes,—of capacity coequal with the other accommodations for patients.

The financial affairs of the hospital are in good condition, the income being larger than in any previous year by \$4,633.02.

VI. MASSACHUSETTS. *Fifty-fourth Annual Report of the Trustees of the Massachusetts General Hospital, for 1867.*

Fiftieth Annual Report of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital. January, 1868. Somerville.

Dr. Tyler reports number of patients at the beginning of the year, 197; admitted, 89; discharged, 108; remaining, January 1, 1868, 178. Of those discharged, were recovered, 45; improved in various degree, 27; not improved, 9; died, 27—five of whom had been inmates from twelve to forty years. Dr. Tyler has spent a good portion of the last year in Europe, and

gives brief but interesting notes of his visits to asylums in Italy, Switzerland, Germany, France, Belgium and England. As for Gheel, the great colony of incurables in Belgium, he distinctly says that all the patients "are persons who would not be sent to a hospital in this country if they had any home, and for whom an American Superintendent would not consider a hospital requisite"—persons "who could be taken care of in a private family in any country." The peasants are dull and stolid, with very little cleanliness or facilities for it.

Dr. Tyler notices the great difference in the feelings of the working classes in England in regard to work itself from what we find in this country, making it more difficult to induce male patients in our institutions to engage in labor. He thinks that the system of *non-restraint* inaugurated by Dr. Conolly is carried to an extreme in England further than it could possibly be with us. The system of private hospitals, too, as contrasted with the asylums for the poor, has the effect to put the rich at a disadvantage, inasmuch as the proprietors of private asylums are apt to look at the question of trouble or expense in their patients, rather than the question of cure.

In his remarks on the care of the chronic insane, Dr. Tyler (page 58) speaks of a plan of having *separate buildings*, of a cheaper and simpler form, near the hospital for acute cases, as having been "considered" by the American Association of Superintendents. The idea has been broached, we believe, in some of the debates of the Association, but we have yet to learn that it has met with any favor. Dr. Tyler cites the hospital at Clermont, in France, with its "colony" for quiet incurables at a short distance. This seems a sort of compromise between the principle of total separation and that of indiscriminate mingling. Whatever of virtue

there may be in it, resides simply in that which we may or should have in all our hospitals—a system of thorough ward classification, all under the same general administration.

VII. MASSACHUSETTS. *Thirty-Fifth Annual Report of the Trustees of the State Lunatic Hospital at Worcester.* Oct. 1867.

Dr. Bemis reports in hospital Oct., 1866, 381 patients: admitted 288: discharged recovered 158, improved 101, not improved 12: died 43: remaining Sept. 30, 1867, 355. The highest number under treatment at one time was 427. The figures show the recoveries to be 76.06 per cent. of those whose insanity had existed only one year or less, and 11 per cent. of other cases. Of those admitted during the year, 180 were cases of less than one year's standing.

Dr. Bemis' table of "causes" of insanity exhibits the *proportion* of moral and physical excitants better than almost any other we have seen. Out of 2,665 men admitted since 1833, whose cases were known sufficiently to assign a cause for their insanity, 216 are set down to "ill health," 114 to "domestic trouble," 156 to "religious excitement," 144 to "pecuniary trouble," 613 to "intemperance," and 383 to "masturbation." Out of 2,698 women, 900 were made insane by "ill health," 382 by causes peculiar to the sex, such as "puerperal," &c., 60 by "excessive labor," 86 by "death of relatives," 343 by "domestic trouble," 100 by "disappointment," 177 by "religious excitement," and 84 by "intemperance." Dr. Bemis, from the record of deaths, gives some strong confirmation of the well-established principle of immediate treatment of all cases of insanity as soon as it manifests itself. He also strongly and properly condemns all fraud and deception used to get patients to the hospital. On this subject he says:

A large majority of patients, if candidly told they were about to be removed from home and placed in a hospital, would cheerfully acquiesce in the arrangement; and if persuasion should fail to remove them quietly, it would be infinitely better that necessary force should be used by friends and relatives, than that deception should be resorted to, and thus destroy the confidence of the patient, and force upon his diseased mind the conviction that the officers of the hospital were concerned in a plot to deprive him of his liberty.

Having personally observed the conduct of nearly five thousand patients on their admission to the hospital, I do not hesitate to declare the extreme rarity of an exhibition of violence or anger caused by their commitment, in an open and legal manner, to the care and custody of a public institution. On the contrary many who had been very troublesome, violent and dangerous, become immediately quiet and comparatively calm when they are placed in the wards of the hospital, and commence at once to exercise all the powers of self-control they possess.

It is only when fraud and deception has been resorted to, that the patient becomes suspicious, restless, turbulent and violent. When honestly and openly committed, and on their admission treated with candor and kindness, they recognize the fact that they are among friends whose care it is to soothe and protect them.

Dr. Bemis also speaks of a class of very aged patients, for whom the hospital is no proper place, but who "should be cared for by their families and friends, and failing in that, there should be some retreat, some home, where these feeble, aged persons could quietly spend the remainder of their days, under the care of kind, faithful judicious nurses, and peacefully pass from this to the world to come." In many of our cities there are "Homes for the Aged," which are not, however, designed for those who require the treatment or the care of an Insane Asylum. If the persons spoken of above are *insane*, and have no friends to care for them, they should be made comfortable where they are.

On the subject of attendants, Dr. Bemis makes some very remarkable suggestions, which will perhaps excite a smile among the members of the profession.

In the appointments of this hospital a want has long been felt of a limited number of attendants of a higher order than any yet found in hospitals for the insane. Men and women possessed of true Christian feelings, elevated in character, courteous in manner, cultivated and intelligent in mind, and having that peculiar tact and nicety of feeling, which will enable them to move and act among the various grades of patients and employés, without friction or distrust, would supply a want frequently felt and often expressed by both patients and officers. They should not be confined to the ordinary duties of the ward, but should act as teachers, guides and companions to such as need their assistance. To some they would be of great benefit as instructors, to some as readers, to many others as guides and companions.

Another want frequently felt, is the presence, in the male wards, and particularly in the wards for the old and feeble men, of one or two women of middle age, of strong Christian feelings and elevated characters, who shall act as nurses and companions to those who so much need them. These old and sick men, who have but just left their own houses, their wives and their daughters, placed among entire strangers, and often necessarily under the care of young men, who have no tact or experience in the performance of their duties, and but little true feeling in regard to them, must suffer most keenly the loss of such attentions as woman only can bestow.

The presence in our male wards of one or two women well acquainted with the whole subject, of refined manner, Christianly patient, so intelligent as to be guides, friends and counsellors to all who would need their services, would be making a great advance toward perfecting our plan of treatment.

Another want which has long been felt, and often most timidly expressed, is that of a thoroughly educated, refined, Christian woman, as an assistant physician, on the female side of the house.

I know perfectly well the cost of any such recommendation; but my interest in the welfare of the insane, and my long experience in the details of hospital life, enable me to speak with some degree of confidence in reference to this matter, and I express my earnest conviction, in desiring that some well educated young woman, commencing as an attendant, shall pass through a regular course of instruction, become duly qualified, and at some future day act as medical assistant in the female department of this hospital.

This project of women in the "male wards" we think

the brethren will be entirely satisfied to leave to Dr. Bemis' own experiment. The Utopian optimism of the day seems as likely to manifest the perfection of science by alienating sane people in some respects, as by curing the insane in others.

VIII. NEW HAMPSHIRE. *Reports of the Board of Visitors, Trustees, Treasurer and Superintendent of the New Hampshire Asylum for the Insane.* Concord.

The number of patients, May 1, 1866, was 236; admitted, to May 1, 1867, 117; total daily average for the year was 241.9; discharged cured, 39; improved, 24; not improved, 27; died, 17; remaining at end of the year, 246—men, 122; women, 124. Dr. Bancroft reports a very good state of health, with a smaller percentage of mortality than usual. He lays very proper stress upon the importance of out-door air and exercise, so far as it may be had. Dr. Bancroft remarks that "the peculiarity of the remedial measures [in the treatment of insanity] is in this, that while the medical treatment (which is not peculiar) is in progress, a combination of influences, not necessary in ordinary diseases, is called for, to put the disturbed mind in an attitude most favorable to relief. To inaugurate and support these influences, is the distinguishing work of an asylum." He would therefore carry out the system of occupation and mental diversion, by means of out-door walks, and drives, and labor, as well as in-door amusements, instruction, and other features of moral treatment, as far as the nature of the case will admit. He remarks that "much in the way of instruction or entertainment (religious or secular) meets an appreciation and a response, not so different from that awakened in the general mind as many imagine." He expresses a wish for a larger chapel; reports the gratifying fact that the accommodations of the institution are to be

increased by some thirty-three new rooms, the present number having considerably more than their full complement of patients. The Asylum has lately received a legacy from the late Moody Kent, Esq., which will yield an annual revenue of some \$9,000, which, the Trustees report, "will be used to supplement the annual appropriations made by the State for the benefit of the indigent insane, and a part to procure additional curative appliances, to improve the buildings and grounds, and to secure for the patients many attentions and comforts that its ordinary income does not suffice to furnish."

IX. CONNECTICUT. *First Report of the Board of Trustees of the General State Hospital for the Insane of the State of Connecticut.* Middletown.

This is a new institution recently authorized and established by the Legislature of Connecticut. Dr. Abraham M. Shew, for a time assistant to Dr. Buttolph, at Trenton, New Jersey, is appointed the Superintendent. The buildings are situated on a fine farm near Middletown, of which 150 acres were donated for the purpose by the town, and 80 acres more purchased. There is a stream of good water flowing through the premises, with an abundant water-head of seventy feet above the foundation of the proposed buildings, which will supersede reservoirs, force-pumps, and even the use of steam in all the necessary machinery. During the winter of 1866-7 a large stock of building materials was gathered, and the centre building put well under way in the spring.

X. RHODE ISLAND. *Report of the Trustees and Superintendent of the Butler Hospital for the Insane.* Jan. 22, 1868. Providence.

The Report of the Trustees contains a high and well deserved tribute to Dr. Ray, in whose retirement "they

have lost a support upon which they had relied almost from the origin of the Hospital." His successor, Dr. John W. Sawyer, entered upon his duties Jan. 1st, 1867.

Dr. Sawyer reports at the beginning of the year 119 patients; admitted during the year 77; discharged recovered 29, improved 17, not improved 5, died 14; remaining on the 1st of Jan. 1868, 131—men 67, women 64.

Dr. Sawyer says, as to his principle of administering an incorporated institution:

In admitting patients I have not been careful to select curable ones, but have kept in view the principle early laid down and often repeated by my predecessor, that the usefulness of an institution is not to be measured by the number of recoveries only, but by the amount of suffering relieved. Among the applicants for admission have been many cases in which the disease was of long standing and utterly hopeless of cure, but its progress was attended by outbreaks of violence or other symptoms requiring for their proper treatment the special appliances of the hospital. Such I have not hesitated to admit; and as I have witnessed the resulting quiet and comparative comfort to the patient in the hospital, and the relief to the friends from the removal of the care which made life a burden, I have felt that the charitable designs of the founders and generous benefactors of the institution, were as fully answered in these cases as in those where recovery gives an appearance of better results from treatment.

Among the means of amusement and instruction for the patients he speaks highly of the oxy-hydrogen stereoscopes for magic-lantern effects and dissolving views. The farm has yielded a profit of \$4,000, and various minor improvements have been made. The Trustees acknowledge a gift of \$5,000 to the Hospital by a lady of Providence; they quote from Dr. Ray's appeal of last year for more liberal endowment of the Institution, an appeal which contains so much that needs to be pondered by our wealthy men, that we cannot refrain from giving a brief extract:

Most charitable institutions depend more or less on the gifts of benevolent individuals. Hospitals especially have been regarded as preëminently worthy of such bounties, and the lists of their benefactors, in some New England communities, may well lead us to believe that the established means for alleviating suffering of mind or body will never fail for lack of generous supporters. Still we are obliged to admit that the feeling which prompts such benefactions is not so prevalent as we could wish. The great majority of rich men die without devising a dollar to any public purpose. Educated, perhaps, at the public expense, protected and prospered in their enterprises by the enlightenment that springs from free institutions, and experiencing, at every moment, in some way or another, the benefit of those noble endowments made by benevolent men of past times, they never think of repaying the slightest moiety of their indebtedness, by turning a portion of their superfluous wealth into the stream of public beneficence. It cannot be contended that our own State is an exception to the general rule. The legacies received by this Institution, since it opened, amount in all to \$1,000—a fact not very creditable, when considered in connection with what some of our neighbors have done. The State Asylum for the Insane in New Hampshire, only a year or two older than this, has been endowed by legacies amounting to \$200,000, while, in Massachusetts, the McLean Asylum for the Insane, and its parent Institution, the general Hospital in Boston, have been similarly favored in a much higher degree. If, besides the laudable motive of repaying the debt they owe to society, men would be actuated by the instinctive desire to be remembered after death, how can they better accomplish this purpose than by establishing a fund which would be a source of blessing to their fellow-men, coupled with grateful remembrances of their benefactor, long after the stateliest pile of granite or marble has crumbled into dust?

XI. NEW YORK. *Annual Report of the Resident Physician of Kings County Lunatic Asylum.* July, 1867. Flatbush.

Dr. E. H. Chapin reports in this Asylum August 1, 1866, 470 patients—men 197, women 273; admitted during the year 231; discharged recovered 84, improved 40, not improved 9, died 52; remaining July 31, 1867, 516; number of employés 72. Of the admissions 79 were natives and 152 foreigners, (88 Irish, 32 German.) It speaks well for the sanitary care of this Institution,

that with cholera on every side the past season, it enjoyed entire immunity. A large new extension is in process of construction, in which Dr. Chapin has well guarded against allowing the mistake to be repeated of putting wards for patients partly below the level of the ground.

Dr. Chapin submits some practical remarks on the loss of self-control, not only by a career of vice, but by want of proper training, by overtasking, too close application, by worryings and discontent.

Enfeeblement of the power of self-control often, perhaps generally, affords the first indication of diseased mental action; but is frequently manifested in some more or less marked deviation from the individual's ordinary conduct before intellectual aberration is apparent. Serious offences committed at this period give rise to well-known variances of opinion between members of the legal and of the medical profession. It is not inappropriate to observe in this connection, that the common supposition that under the plea of insanity artful criminals often escape punishment, is fallacious; on the contrary, insanity is the most difficult thing in the world to counterfeit, and, when wrongfully made, this plea is seldom successful.

Childhood and early youth, is the proper time to be taught the importance of curbing the passions and propensities, and acquiring habits of self-mastery and control. The increasing prevalence of mental and nervous disorders may be attributed in a great measure to the fact, that the young of the present day manage to elude the watchful care of their guardians at an earlier age than in former times, and mingle with the world before their minds are matured in anything. Beyond the pale of parental control, they become a law unto themselves; and without experience in the ways of the world, they are ever liable to fall an easy prey to the wiles of the crafty and designing, under whose guidance they become adepts in every kind of vice, and in their turn tend to demoralize all with whom they come in contact; and demoralization, though entirely distinct, is a condition extremely favorable to the access of both moral and intellectual derangement.

XII. NEW YORK. *Bloomingdale Asylum Report to the Board of Governors of the New York Hospital.* Jan., 1868.

Dr. Brown reports patients at beginning of the year 168: admitted 144; discharged recovered 58, improved 43, not improved 22, died 28; remaining Dec. 31, 1867, 161. A committee has been appointed by the Board to select another site for this Institution, but has not yet reported. It is one of the little indications that show our modern progress in the treatment of insanity, that the rooms of the female department in this Asylum "have been improved by lengthening the windows and substituting *lighter* window guards for the original *heavy iron castings*."

Dr. Brown pays a high compliment to the new State Hospital in course of erection at Poughkeepsie, the "liberal scale of its arrangements," and the prospective "excellence of its administration," and gives a cordial welcome to his "new neighbor."

In relation to the condition of Bloomingdale Asylum, Dr. Brown says:

The general prosperity of the Asylum during the past year, and the average health of its residents, have compared favorably with previous years. It has been necessary to decline many applications for admission, partly because the department for males has been at all times filled to its capacity, and also because the high cost of living has made it necessary to charge higher rates of board than many applicants could pay. The increase in the cost of supporting its patients has not, however, been allowed to diminish the measure of charitable aid which the Asylum has always afforded to numbers of persons unable to make full compensation for its benefits; and, in accordance with the benevolent policy which its Governors adopted early in its history, more than one-third of all the patients admitted during the past year have been received for less than the average cost of their support. The proportion of patients now in the Asylum who pay less than the average cost of maintenance is more than one-half of the whole number. This fact may well commend the institution to the favorable regard of the wealthy and benevolent citizens of New York.

We learn that the corporation of the New York Hospital has purchased a fine farm of near 300 acres, at a cost of \$140,000, near the village of White Plains, for the erection of new buildings for the Bloomingdale Asylum.

XIII. NEW YORK. *First Annual Report of the Managers of the Hudson River State Hospital for the Insane.* Poughkeepsie.

The act to establish and organize this new and noble Foundation, was passed March 16th, 1867. The site consists of a tract of 206 acres, about a mile north of the city of Poughkeepsie, formerly known as the "Roosevelt place," which was purchased and given to the State for this purpose by the citizens of Dutchess county; in addition to which the Managers have since secured 84 acres adjoining on the east, of Wm. A. Davies, Esq. Dr. Joseph M. Cleaveland, the former capable and accomplished First Assistant Physician of the State Asylum at Utica, has been appointed the Medical Superintendent.

The plans were prepared chiefly under the direction of the medical superintendent, by Vaux, Withers & Co., architects, of New York, and have met the unqualified approbation of the Board of Managers and of the State officers. Work has been commenced on one section, and a large quantity of material accumulated for its further prosecution. A wharf has been constructed on the river for landing materials, and a fine road of easy ascent has been graded from this point to the site of the buildings, being carried over the railway by a trestle-work of timber cut upon the grounds. A good road has also been laid out to a quarry on the rear of the farm. On the estate when purchased there was a pleasant cottage, now occupied by the Superintendent, a greenhouse, a gardener's cottage, two farm-houses, stable, coach-house, gate-lodge, and barns. Water is supplied

from a brook in the direction of the river, by hydraulic rams. These preliminary improvements, laying out of roads, supply of water, &c., have all been carried out under the superintendence of Mr. Samuel D. Backus, an accomplished engineer and architect employed by the Board.

The site of the Hospital buildings is a level plateau of about 25 acres, 1,800 feet in length by about 600 feet in width, elevated 186 feet above the river, and 2,500 distant from it. The soil is gravelly, and the ground slopes rapidly from the site in every direction, making a perfectly dry and healthy situation. In natural scenery it is unsurpassed by any point on the Hudson. As this Institution marks an era in the progress of Insane Asylums in this State, and is to be a noble extension of our asylum system, and as, consequently, we should expect its arrangements and appointments to embrace the best results of modern science and experience, we feel justified in quoting at length the description of the plans given in the Report:

The hospital is planned to accommodate about two hundred patients of each sex, the wards for men constituting the entire wing to the south, and the wards for women the entire wing to the north of the central building, which is devoted to the various departments of general management. The chapel is placed between the wings and in the rear of the central building, so that patients of one sex are prevented from looking into the wards or yards of patients of the other sex. The kitchen and general service department is located in the rear of the chapel.

The department for each sex consists of four wards on the principal floor, four wards on the second floor, one ward on the third floor, and an infirmary on the third floor separated entirely from the rest of the wards.

Each ward is furnished with a hall and fire-proof staircase on the front line of the building, and roads of approach are intended to be arranged so as to give a separate access to the entrance-hall thus attached to every ward. A hall, with staircase communica-

ting with an airing court, is arranged also in each ward on the rear line of the building.

The wards for the more excited patients are farthest removed from the central building, and have bedrooms only on one side of the corridors. For the sake of economy this plan is not followed throughout, bedrooms being placed on both sides of the corridors in the wards for quiet patients. In the portions of the building thus arranged open spaces are left in the centre of the front line of each section for light and circulation of air. These spaces, marked "Ombra" on the plans, are intended also to be used by patients in mild weather for open air exercise, in immediate connection with the wards to which they are attached.

It will be observed that in the wards containing bedrooms on both sides of a corridor, the living-rooms, lavatories, etc., are arranged on one side only of a separate corridor that runs at right angles to a bedroom section. Every ward, in addition to its dormitories, is provided with a living room of large dimensions, having windows on three sides of it; a dining-room, with pantry attached, communicating by lifts with the basement corridor connecting with the service department; a lavatory, a room in which a patient may be thoroughly washed from head to foot, either in a sitting or standing posture, the whole floor and the sides of the room for six inches in height, being made water-tight, and fitted with a wash-pipe; a bath-room, with the bath placed in the centre of the apartment, and with screened dressing space attached; a room containing water-closets and urinals, and a sink for the use of the attendant; a linen and clothes room, and a dirty linen shaft large enough to be used for hoistway purposes.

Each ward is provided with one single and one double bedroom for attendants. At the extreme end of the convalescent ward on the principal floor nearest the central building, is a reception room, in which patients may see their friends.

The chapel has four hundred sittings. The upper portion of the chapel tower will contain the main distributing reservoir for supplying the hospital with water. The tower is furnished with a clock which will be visible from almost every ward. The clock-works will be connected with the bell in the belfry. In the basement of the chapel there are suites of rooms for Turkish baths, and a large general store-room.

Over the building used for kitchen offices is planned an amusement room and theatre, which can be approached under cover from each wing. Attached to the convalescent wards on the men's side

are a library, a writing-room, and a billiard-room, and in a corresponding position on the women's side, a library, a sewing-room, and a gymnasium. The tailor's room can also be approached, under cover, by patients from the wards on the men's side, and the ironing-room from the wards on the women's side. The kitchen and general service department are provided for, as shown on the plan, in a detached building on a level with the basement floor of the main building, so that a railway may run from the kitchen to the lifts attached to the dining-rooms of the various wards. The laundry buildings will be placed near the river. Bedrooms for the servants are provided near the kitchen department. Workshops for carpenters and other mechanics are planned in the vicinity of the kitchen building, and a boiler-room, with engine and fan-rooms, are located at the extreme rear of the space occupied by the service department and work-shops. In each wing a cold air shaft, running under the principal floor and connected with the fan-room, is arranged to carry fresh cold air by means of separate flues to every room in every ward, and in winter steam heat is intended to be applied on the basement level at the points of junction at which the vertical flues branch from the general horizontal air-shaft. Ventilating flues are provided for the different apartments, and terminate in chimnies or under ridge-roofs.

Each wing is connected with the central building through a one-story corridor, to which a conservatory or plant cabinet is attached. It is intended that this structure should be furnished with shrubs and plants of a somewhat hardy character, so as to present at this available point a pleasant general effect to patients and visitors, without any great expense for maintenance. It may be observed in this connection, that on entering the building the view through the window across the hall is terminated by the detached chapel, and that generally it has been thought a matter of considerable importance to secure a cheerful, liberal first impression in connection with the main entrance to the building.

The board room is on the principal floor of the central building, which also contains the reception room for patients, and the offices for the medical department, and for the steward and matron. The upper stories of the central building are designed for the medical and other officers of the hospital.

The general character of the elevation is simple, the lines following strictly the necessities of the plan. The materials to be used are hard North-river brick, with a better quality for face work. Ohio stone has been chosen for strings and window-heads,

with blue-stone introduced sparingly to increase the artistic effect. The basement will be constructed entirely of blue-stone ashlar, where it shows above ground."

Dr. Cleaveland states that the section now building comprises two of the smaller and more distant wards of the Hospital, the day apartments of the adjoining section, and the infirmary wards designed for special cases needing isolation and quiet, or for contagious diseases. The day apartments will be used temporarily for administrative purposes. It is hoped these may be ready in the autumn of this year.

It is expected to draw the supply of water from the Hudson, and to this end the Laundry is to be placed near the river and its motive power used to elevate the water, as well as to aid in filling coal and ice houses from barges. We trust the great State of New York will honor itself by carrying out these plans to the full without stint.

XIV. NEW JERSEY *Annual Reports of the Officers of the New Jersey State Lunatic Asylum, for the year 1867.* Trenton.

Dr. Buttolph reports patients, November 30, 1866, 409; admitted since, 212; discharged recovered, 72, improved, 54, not improved, 8; died, 37; remaining, November 30, 1867, 450 — men, 200; women, 250. During this year eighty-one more patients have been treated than in any previous year. During the past year a considerable extension of the hospital buildings has been constructing, and will soon be ready for occupation. Dr. Buttolph, in relation to this, states that of the two hundred additional patients intended to be accommodated in the new buildings, he has "already in the house" one hundred women and fifty men, nearly enough to fill them. In this state of things, the question of still further accommodation for the insane must

come again before the Legislature. He thinks the Trenton Asylum, now arranged to receive five hundred patients, is as large as it is expedient to make it. He then recommends another institution, to be centrally located, for the northern and eastern parts of the State, and so planned as to be able to "receive *all* the insane of the district, without reference to the form or duration of their mental disorder." In support of this, Dr. Buttolph quotes the paper read by him at the last meeting of the Association, and already published in this Journal. The Doctor is confident that public opinion in New Jersey will authorize the immediate carrying out of this policy. The institution has made improvements in the laundry department, purchased a trestle-work on a turn-out of the railroad for unloading coal, and erected a new bakery and carriage house. Dr. Buttolph also urges the introduction of an apparatus for the use of water and steam for extinguishing fires. The expense of all these improvements will reach \$18,300.

We observe that a joint committee of the Legislature, in pursuance of Dr. Buttolph's suggestion, have recommended a commission to select and accept a site in the region of the State indicated for the erection of another institution.

It is worthy of note that of the 2,986 patients under treatment in this Asylum since its opening, in May, 1848, 1,173 have been discharged recovered, 818 improved, 96 unimproved; escaped, 9; not insane, 4; while the deaths have been 436; there remaining at present in the Asylum, 450.

XV. PENNSYLVANIA. *Report of the Pennsylvania Hospital for the Insane, for 1867.* Philadelphia.

Dr. Kirkbride reports 296 patients, January 1, 1867; since admitted, 288; discharged cured, 127, improved,

43, stationary, 45; died, 25; remaining, January 1, 1868, 344, of which the men and women are equal in number. Of those discharged cured, 58 were in the hospital not over three months, 45 between three and six months, 18 between six months and a year; and only six for more than a year. The number under treatment in 1867 (584) is larger than ever before.

Dr. Kirkbride gives several valuable statistical tables, covering the whole period since the opening of the institution in 1841. The Doctor also devotes considerable space to showing the importance and value, as aids in treatment, of the pleasure grounds and recreations in the open air, the workshop, which, however, is not greatly patronized by patients in this country; the evening entertainments, tea-parties, lectures and gymnastic exercises; the museum and reading rooms, &c., with various other appliances, both for instruction and amusement. An additional ward has been provided at the department for females, for sick and excited cases, by means of a gift from Joseph Fisher, Esq., of Philadelphia. The building will be completed the coming season. Besides \$11,905 expended on free patients for 1867, Dr. Kirkbride is able to report net receipts "sufficient to pay all expenses of every kind, besides providing means for renewing some of the furniture at the department for females, and also for furnishing an additional ward at the department for males, which the steady increase of applicants shows will be necessary at an early day." Dr. Kirkbride, in his remarks on Insanity and the Care of the Insane, makes many suggestions which, though not new, cannot be too often repeated. Referring to the dangers of neglect and delay in treatment, among other things, he says:

The protection to themselves and to society afforded by the insane being under the care of institutions, is much greater than is

generally supposed. Scarcely any one who, on investigating this subject, has carefully perused the newspapers for any considerable period, can have failed to be struck with the frequent record of cases of suicide, of homicide, and of frightful injuries to person and property, that would have been entirely prevented had proper attention been given to the persons who were laboring under this sad affliction. The neglect of these cases has generally been from the supposed harmless condition of the patient. Notwithstanding the intensity of the depression that was obvious, or the recognized existence of dangerous delusion, the simple fact of the patient being quiet has led to a neglect in taking steps to secure his restoration, that would have saved him, and prevented all the frightful results that have occurred. Of late such occurrences seem to have been particularly frequent. While writing these remarks, four consecutive numbers of a daily paper lying by me contain more than that number of fatal occurrences from this cause, that ought not to have happened, while many other persons were placed in most imminent jeopardy. All these were martyrs to popular prejudice, and the lesson taught—whatever it may do in the future—comes too late to bring back the lost, or to diminish the life-long sorrow of survivors.

Again, as to perseverance, and in regard to chronic cases :

A steady, hopeful perseverance in the use of the best means of treatment is, after all, the great secret of success in the care of the insane. Good results often come after impatient laborers in this field have ceased to hope for them. There is no stage of a case, unless there is absolute organic disease, in which we should abandon hope. No matter how discouraging the symptoms may seem, the patient should, as far as possible, be placed under the circumstances regarded as most favorable for securing the restoration of the most recent or favorable cases. This is one of the many reasons why separate institutions for the chronic—the so-called incurable—or plans for boarding out patients in families, are so undesirable. Setting aside what I regard as well-established, that there could be no real economy in such a course; it takes from this large portion of the afflicted the great stimulus of hope, and deprives them of many of the means and appliances that help to secure the restoration of the patients, or, when that cannot be accomplished, are still powerful in their agency to prevent a yet

lower mental condition; and this, too, without a single compensatory advantage. No real increase of liberty is gained by any of these plans; for liberty, to many of the insane, is synonymous with suffering and exposure. No increased facility for comfort is secured; but the insane lose the kindly supervision and the considerate attention which cannot well be dispensed with, and in many cases suffer from the want of the gentle restraints which are often just as essential to their real happiness as perfect freedom would be in an altered mental condition.

He also dwells with great force upon the importance of minute classification and supervision in wards. Dr. Kirkbride gives a few paragraphs to an account of the Association of Medical Superintendents of American Institutions for the Insane, and to the question of the best mode of further provision for the insane. On this subject he says:

The reasons for early action by the State Legislature in the establishment of other hospitals, may be briefly stated to be—that cases recently occurring should be promptly cured, instead of being allowed to become chronic for want of proper care, for to do this is always economy,—that the chronic should be humanely cared for—that jails and alms-houses shall no longer be made receptacles for the afflicted,—and that the suffering now existing in private dwellings, and in isolated structures in various parts of the State, should be hereafter unknown in our good old commonwealth. This course, too, seems important as the only mode to prevent counties from attempting to take charge of their own insane by putting up supplementary buildings near the alms-houses, for when the number of cases is not large enough to justify all the arrangements, and the organization of a regular hospital, as marked out in the propositions of the Association of Superintendents, such an attempt is to be reprobated as unfortunate for the insane, and ultimately not less so for the community. It is to be hoped that the time is not far distant, when every State will recognize among its duties that of making adequate provision for all its insane, and that this can be done only in hospitals fully up to the knowledge of the times.

It is to be hoped that no fanciful theories will anywhere lead to the erection of anything but institutions curative in their character. What is best for recent cases is also best for the chronic, and

the best hospital is always the most economical in results. With a properly extended classification there can be no objection to all classes being cared for on the grounds of the same institution. The chronic would then have at little cost what would otherwise be denied them, and instead of being inmates of receptacles too often a reproach to the age in which we live, would have all the advantages of enlightened Christian treatment.

XVI. PENNSYLVANIA. *Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania.* Harrisburg.

Dr. Curwen reports patients admitted during the year ending December 31, 1867, 170—men 99, women 71: whole number under treatment 497: discharged restored 51, improved 39, stationary 33: died 34—total 157—men 95, women 62: remaining January 1, 1868, 340—men 185, women 155. Dr. Curwen gives copious statistics of form of disorder, age of development, duration, causes, social condition, occupation, birth-place, &c.

He devotes some space to the consideration of the question whether Insanity is on the increase, and the causes in the state of society and habits and business of the community that tend to produce it. His conclusion is that the increase in insanity on the whole bears a fixed ratio to the increase in population, that ratio being about 1 to 1,000; but that hospital accommodation as a general rule is not keeping pace even with this increase; and urges the importance of immediate further provision as the best means of keeping down the growing mass of chronic insanity by furnishing means of immediate treatment to all recent cases.

This institution, during the last year, has been provided with additional buildings for infirmaries, and re-arrangement and improvement of bath-rooms, &c., at an expenditure of \$10,000; which additions have been made to five of the eight wards for each sex. Iron water-tanks have also been placed in the attic of each

of these additions, which will greatly increase the comforts and conveniencies of these wards.

XVII. PENNSYLVANIA. *Annual Report of the Managers of the Western Pennsylvania Hospital for 1867.*

Report of Superintendent and Physician of the Insane Department.

The Superintendent of this institution, at Dixmont, near Pittsburgh, Dr. Reed, reports at beginning of the year 206 patients: admitted 162: discharged restored 47, improved 24, unimproved 24, not insane 2: died 24: remaining January 1, 1868, 247.

Dr. Reed states that the average number of patients crowded into the wards of his hospital was 32 in excess of what it has been in any previous year, which he mentions as partly accounting for the mortality of the year. The completion of the western extension of the hospital in part relieves this state of things. We observe that partial appropriations have been granted for completing the eastern extension, which will contain 96 sleeping-rooms, and place the institution on a fine working basis.

In relation to further State provision, Dr. Reed quotes a resolution of the Medical Society of Pennsylvania, urging the speedy completion of this hospital, and the establishment of another for the north-eastern part of the State, and one also for the portion between the Blue Ridge and the Alleghany mountains. Dr. Reed shows clearly that the shortest and most economical way to deal with the question of future provision, is not merely to consult what we shall do with the insane after neglect has rendered them chronic, but it is at once to increase hospital facilities up to the point of being adequate for all the insane in the State. His statistical calculations show that about 2,680 insane in the State are as yet unprovided with accommodations, and quotes the lan-

guage of Miss Dix, that indefatigable laborer in the cause of humanity, who did so much for the inception of the institution which has been named for her, to show the dreadful condition of the insane poor.

As to the expense of supporting the insane, Dr. Reed makes a curious but perfectly reliable calculation, that the amount saved to the Commonwealth in this institution by the restoration of those who have been cured, and who would have been a public charge for life but for hospital treatment, is amply sufficient to compensate the cost of the erection of the present hospital buildings. The large proportion of incurables in our present asylums, are of those who were already in the chronic stage when brought, for lack of early treatment, and lack of hospital accommodations for such treatment. What we want, then, is hospitals enough to take all cases that occur, and as they occur, which will check the accumulation of chronic cases that has been going on in the absence of adequate hospital accommodation.

In connection with this subject, we are glad to see the following statement in the report of John Harper, Esq., President of the "Western Pennsylvania Hospital," of which the Insane Asylum at Dixmont forms one "department:"

In the last annual report an argument was urged in favor of the establishment of a separate asylum, near the centre of the State, for incurable lunatics. A reconsideration of the subject has changed the views of members of our Board, who then advocated the policy. It is the experience of the best conducted hospitals, that the chronic insane do not affect injuriously the curable patients associated with them in the wards; but rather exert a beneficial influence. Besides, who can be sure when a sufferer of mental alienation is incurable? Would the doom of the unfortunate person sent to an Incurable Asylum ever be reversed in this life? An inscription from *Dante's Inferno* might appositely be written over its portal—"HOPE NEVER ENTERS HERE!"

The same report states that the fine site of the Asylum, (about 300 acres,) chosen by the advice of Miss Dix, about seven miles from Pittsburgh, on the Ohio river, was purchased by the benefactions of private citizens.

Mr. Harper also thinks that the war and its consequences have given rise to a "startling increase of cerebral disease," and states that "the present ratio of insanity and dementia is about one to every 631 in the State," the number of sufferers in the Western Judicial District being about 1,600.

There is much more in these reports we should like to notice had we space. We subjoin a condensed description of the buildings:

The main buildings of the hospital will embrace—when the eastern extension, now commenced, is completed—a central building of 61 feet front by 131 feet deep, having on each side of it wings of 345 feet front by a minimum depth of 38 feet, making the whole 751 feet front; the central part and portions of the wings being four, and the balance three stories in height. These buildings being arranged in a cluster of connected parts for the purpose of facilitating ventilation, would, if all were placed end to end in a straight line, make a front of 1,150 feet, or about one-fourth of a mile.

The walls and partitions above the cellars are all of brick-work, the outside walls 18 inches thick, built hollow to keep out dampness; the roofs are covered with slate, and all stairways are built of stone-work—the stairs being 4 feet 6 inches wide, carried up between partitions of brick-work, without any "well-holes," and all platforms and landings are of stone-work; each of the stairways having an outside door immediately at the foot of it.

The floors of kitchens, bath-rooms, and all other parts liable to danger from fire, or decay from dampness, are formed of brick arching and iron beams.

The first, second and third stories are each 12 feet high in the clear, and the fourth stories 15 feet high.

The central building contains a chapel 50 feet by 57 feet on the floor, and 27 feet high in the story, three stairways, corridors or

halls 17 feet wide, and the offices, parlors and chambers of the Medical Superintendent and his assistants; one kitchen 19 by 27 feet, and another of 17 by 19 feet; and pantries, closets and bath-rooms.

The wings contain two hundred and fifty private rooms for patients, the smallest room being 8 feet by 10 feet—twelve dining-rooms, eight parlors or day rooms, twelve bath-rooms, and other closets, store and drying rooms; having halls or corridors 12 feet wide running through the middle of each wing.

The buildings are lighted with gas made in a detached building, and are warmed throughout by steam from radiators placed in the cellar story, the warmed air being carried to each room and the corridors, through tin-lined flues in the partition walls, and the vitiated air being carried off by other flues leading to the attic, where they connect with ventilators on the roof.

All parts of the buildings are supplied with hot and cold water, conveyed in galvanized iron pipe, and all waste is carried off through ventilated drains of cast-iron pipe. A new laundry and boiler-house have been built during the last season.

XVIII. MARYLAND. *Report of the President and Visitors of the Maryland Hospital for the Insane, Baltimore, for 1865 and 1866, to the General Assembly of Maryland.* January, 1867.

The Report of the Medical Superintendent, Dr. Fonerden, shows the whole number of patients under care for the two years above mentioned to have been 374: discharged in same period 253: recovered (including cases of *mania-a-potu*) 163, improved 21, not improved 19: died 20. The admissions in 1865 were men 108, women 25—total 133, including 65 cases *mania-a-potu*. The admissions in 1866 were men 94, women 27—total 121, including 51 cases of *mania-a-potu*. Number remaining Jan. 1, 1867, 101, about half public patients.

The removal of a number to the "Bay View Asylum" in Oct., 1866, allows room for the county courts to send a larger number of recent insane than before.

Dr. Fonerden states a good sanitary condition of the Hospital, and mentions a great improvement in heating apparatus by hot water in place of the old furnaces and

stoves. He also mentions a gift of \$3,000 from the President of the Hospital, Dr. Wm. Fisher, to be used "for the benefit of the patients as the Executive Committee and the Medical Superintendent think proper." A previous gift of \$3,750 from Dr. Fisher to the Institution has been used in introducing gas and water, and the construction of new closets and bath rooms. These are incidents which it is always gratifying to record, as showing the combination too rare in private life, of a disposition to give with the ability to give.

XIX. MARYLAND. *Twenty-Fifth Annual Report of the Mount Hope Institution and Retreat for 1867.* Baltimore.

Dr. Stokes reports for the year ending Jan. 1, 1868, the number of patients at the beginning of the year 155: admitted 228, men 172, women 58, besides which were admitted 36 cases of *mania-a-potu*, making total admissions 264: discharged recovered 48, improved 150, not improved 11: died 21: remaining at end of the year 154, including two cases of *mania-a-potu*. The statistical tables show the unpleasant fact that of the 228 patients admitted during the year no less than 158 had been insane more than 12 months before admission. It is stated that the very large proportion of 195 persons out of the whole number of admissions, were laboring under forms of disease caused by intemperance. The difficulty with these is that they soon "recover," demand their discharge, and as soon relapse again. Dr. Stokes advocates a legal coercive detention for a sufficient period.

The first section of the West Wing of the Retreat begun in May 1866 was finished last October. We copy the description of it: .

It corresponds for the most part in its internal arrangements with the section of the east wing which was erected several years

ago. It is one hundred and twenty feet front by forty feet deep, with a return section at the end fifty by thirty feet. The former is built four stories and attic high; the latter five stories and attic. This new section has the usual arrangement of corridor, sleeping apartments, parlor and dining room for patients on each floor. Connected with each are two stairways, a bath-room, a water closet, a drying shaft and dust-flue, also a dumb waiter and a funnel for soiled clothes. In arranging these several parts, great care has been observed, that every part should have a light and cheerful appearance, and every means adopted to secure a free and abundant ventilation. The corridor is ten feet wide, the entire length of the building, and is continuous with the corridors running through the centre and the east wing. Each floor contains fifteen sleeping apartments, some single and some double, arranged on each side of the corridor. The dining room on each hall is sufficiently capacious for the accommodation of the number of patients occupying that hall, and is supplied with cupboards, a detached sink and a dumb-waiter. The water-closets, bath-room and lavatory open upon an adjacent passage four feet wide, connecting directly with the main corridor, and affording a very desirable privacy. The bath and closet fixtures are of approved construction, and are so arranged as to facilitate and lessen the expense of any repairs that may become necessary. In each lavatory are hot and cold water-taps, a bath either hot or cold; a shower-bath—in fact every thing necessary to ensure perfect cleanliness of the inmates.

It is heated by an apparatus for low steam and hot water combined. The grounds belonging to the Institution consist of 390 acres, some 400 feet above tide water, and in the midst of very fine scenery, the beauty and advantage of which to the Insane are justly dwelt upon in the report.

XX. WEST VIRGINIA. *Fourth Annual Report of the Directors and Superintendent of the West Virginia Hospital for the Insane for 1867.* Weston.

This Institution was commenced some ten years ago by the State of Virginia, and consists of a centre building 72x120 feet, with lateral sections making a frontage of 1,196 feet, at the extremities of which are one-story

wings running back at right angles 120 feet. The State of West Virginia is endeavoring to carry out the plan. The officers and patients at present occupy the south one-story wing. The section next north of this toward the centre building is now finished and affords room for about 100 additional patients, 40 of whom were transferred in November from the Western Asylum at Staunton, as belonging to West Virginia. For the year ending Oct., 1867, Dr. Hills reports number under treatment 62: discharged recovered 12, improved 4, died 1; remaining Oct. 1, 1867, 45. The whole number admitted since the opening of the Institution is 90; whole number discharged 45; of which 26 were recovered, a very good per cent., better as Dr. Hills justly remarks, than can be expected in the future, since in the first few years of a Hospital, a large class enter who should have been under treatment long before, but whose days of probable recovery are passed. Dr. Hills reports the work on additional sections in such a state of forwardness that he is in hopes of being ready this spring to accommodate in all 225 patients, though of course he will be subjected to some difficulty in classification and separation of sexes, until the sections north of the centre building are also completed. The patients of this region now in the Virginia hospitals, besides those in the county jails, will be more than enough to fill up his number.

XXI. DISTRICT OF COLUMBIA. *Twelfth Annual Report of the Board of Visitors, and the Fifteenth Annual Report of the Superintendent of Construction of the Government Hospital for the Insane for the year 1866-7.* Washington.

Dr. Nichols reports the number of patients on the 30th of June 1866 as 281, men 185, women 96: admitted up to June 30, 1867, 109; discharged recovered 51, improved 16, not improved 10: died 33: remaining in

the Institution June 30, 1867, 280, men 188, women 92. A large proportion (54 per cent.) of patients are from the army and navy, and out of the whole number under treatment only 28 were "independent or pay patients," and 41 were "colored." The statistical tables presented by Dr. Nichols are rather highly elaborated. In one giving the "physical condition" of the 33 patients who died, nearly half of the whole number (15) are itemized under a head which is expressed as follows—"chronic, organic, and functional degeneration of the brain without complicative or supervenient disease before death."

Dr. Nichols discusses at some length the question of "dipsomania," so called, of which he reports an unusual number of cases, and the necessity of a coercive discipline for "inebriate hospitals." The Doctor is a believer in the doctrine that inebriety is not only a cause of insanity, but is itself sometimes a species of insanity, to which he gives the name of "dipsoic mania." In his tables he has succeeded in distributing his patients under no less than *twenty-eight* forms of Mania, thirteen of them chronic, eight forms of melancholia, sixteen of dementia, and one of "simple chronic imbecility." In regard to the relative proportion of admissions during and since the war, Dr. Nichols says:

This is the first full year since the close of the war of the rebellion in which that great struggle did not materially affect the number of admissions to the institution. The cases received this year were less by one-half than those received in the years 1865-'66, and only a little more than one-fifth the number received in the years 1864-65 and 1863-64. The average number resident this year has, however, exceeded that of the previous year; and as the number of chronic cases remains about the same year after year, it follows that the average duration of the residence of the recent and probably curable cases exceeded by at least one-half the same average the year before. This circumstance is a proper subject of congratulation, for we think it will be found that, with certain lim-

itations and exceptions, the benefit recent cases of insanity derive from hospital treatment is in direct proportion to its duration, if the treatment be uninterrupted and undisturbed.

We are pleased to note several fine improvements on the grounds of the Institution, including the planting of an orchard and vineyard of seven acres, for the supply of the patients with fruit, also the enclosing of the hospital grounds with a stone wall, and the acquisition of 60 acres additional of pasture land. The Report of Dr. Nichols as Superintendent of Construction, to the Secretary of the Interior, recommends an application to Congress for an appropriation for the purchase of 148 acres additional of land lying east of the present hospital grounds, which will greatly increase the resources and advantages of the Institution.

XXII. VIRGINIA. *Report of the President and Directors of the Western Lunatic Asylum Virginia, for the year 1865-6, 1866-7.* Staunton.

Dr. Stribling reports for the two years ending Sept. 30, 1867: number of patients Oct. 1, 1865, 307; since admitted 130: discharged recovered 50: improved 11, not improved 4, not insane 1: eloped 3: died 30: remaining Oct. 1, 1867, 338, men 189, women 149.

The transfer of the West Virginia patients to Weston left vacancies which we observe are already supplied by the applications now registered. Dr. Stribling gives a number of statistical tables covering the period since 1836.

XXIII. KENTUCKY. *Forty-Third Annual Report of the Board of Managers and Medical Superintendent of the Kentucky Eastern Lunatic Asylum.* Lexington.

Dr. Chipley reports the number of patients Oct. 1, 1866, at 251: admitted 50: discharged recovered, 23, removed 6: died 14: remaining Oct. 1, 1867, 258,

about 30 being paying patients. Of those admitted only 19 had been insane less than one year. Two new buildings are in course of erection, one for negro lunatics, both of which will provide for 300 additional patients. A detailed account of these buildings is given in a subsequent report to the Governor. The main building fronts 440 feet by from 36 to 78 feet in depth. The centre is four stories high, the remainder three: roofs of tin, floors deafened, &c. The building for negroes is 85 feet by 44, and three stories besides basement. If the means for furnishing and heating the buildings were at once provided, their doors would be open for patients in less than twelve months from the time when they were begun. This Institution, now calculated for 525 patients, with the Western Asylum, accommodating 315, will be ample for the State. The farm is yielding increased produce, and two of the managers have purchased 28 acres additional land, to be paid for by products of the farm, on which there is a tenement that proved a fortunate resource for the treatment of two small-pox cases. We congratulate Dr. Chipley on being able to sum up his brief report with so encouraging a statement as the following:

In closing the present report, I am happy to say that the prospects of the Institution were never more flattering. In a very short period of time Kentucky may boast of ample provision for the custody and care of all the insane within her borders, and I believe she will have the proud distinction of being the first State in the Union to meet in full her obligation to this most unfortunate class of her citizens.

XXIV. TENNESSEE. *Reports of the Trustees and Superintendent of the Tennessee Hospital for the Insane.* Nashville.

Dr. W. P. Jones was appointed Superintendent of this Institution in place of Dr. Cheatham removed in 1862 by Andrew Johnson, then Military Governor.

Dr. Jones reports the number of patients April 1, 1865, at 170: admitted since 263: discharged restored 92, improved 44, not improved 5: eloped 9: died 36; remaining Oct. 1, 1867, 247, exclusive of colored insane, of whom there are now 24, and for whom there is a separate building erected by a law of 1865.

The Institution sustained heavy losses from destruction of property by United States soldiers, for which the damages are not yet collected, and the barn, stables, &c., were destroyed by an accidental fire. These are partly replaced, and a house of eight rooms has been built for servants. Quite a number of improvements have been made in the Hospital itself, among which is the fitting up of a commodious chapel.

Dr. Jones recommends the erection of additional asylums at Memphis and Knoxville, making one for each principal section of the State. A visiting committee of the Legislature also endorse the suggestion. The same committee also speak strongly of the demoralizing effects of the war in having greatly increased the causes that produce insanity.

XXV. OHIO. *Thirteenth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum to the Governor for 1867.* Dayton.

Dr. Gundry reports number of patients Nov. 1, 1866, as 177: admitted during the year 105: discharged recovered 66, improved 15, not improved 12: died 11: remaining Nov. 1, 1867, 178—daily average 172. The number of recoveries since the opening of the institution in 1855, has been 53.99 per cent. of the whole number of admissions. The usual statistical tables are very complete and satisfactory. They confirm many conclusions already well established. In the matter of *age*, Dr. Gundry calculates a little over 60 per cent. of recoveries in cases under twenty years of age, against

45 per cent, in cases between 60 and 70 years of age. His table however happens in this instance to show a higher per centage (over 55) between 50 and 60 years of age than at any other period except under 20. Again his tables show in the aggregate of cases of *one year or less* in duration, about 60 per cent. of recoveries; while of cases *beyond* one year in duration the average of recoveries is only about 24 per cent. Upon these facts he remarks :

The practical conclusion of the whole matter enforces the necessity of the earliest treatment of mental disorders. Nor does the important fact that such a proportion as nearly one-fourth of chronic cases, including some of several years' standing, recovered, impair the force of this conclusion; for further numerical analysis would inevitably prove that the proportion would rapidly decrease as the duration extended into years. On the other hand this view does not exclude hope for individual cases at any stage of existence. While it should strengthen our convictions of the importance of early treatment, it not less positively forbids us to draw any arbitrary line where hope of relief absolutely vanishes. It forbids us to pronounce any one as incurable without respect to other elements of the case than the length of time the malady has continued; yet this is the principal, if not the only element upon which a legal distinction (as proposed in some quarters) of the insane into curable and incurable could be established.

Dr. Gundry states that the laws of Ohio have recognized these principles, and given the preference to recent cases, so that in effect chronic insanity has thus been kept at a minimum. The addition of more room to this institution which is now in progress, will increase the accommodations for both classes of the insane. On this subject we copy the following remarks of Dr. Gundry:

In fact, inasmuch as recent cases form the moving population of an asylum, leaving only a residuum of the unimproved as an addition to its permanent population, a census of the Institution taken at any given time, would show the proportion of chronic cases to

stand as *three* to every *two* recent cases under treatment at that period. It has been our good fortune not to be compelled to reject any recent case for whom application has been made. As soon, therefore, as our new wings shall be completed, the additional number to be accommodated will necessarily be drawn from the chronic insane, who will be sent from the county infirmaries and jails to the comfortable home now in preparation for them. The same result will occur wherever additional accommodation shall be made in our State for the insane; the chronic insane will be chiefly benefited, though recent cases will receive an incidental advantage from the increased means of classification afforded by the new arrangements. This policy is at once the noblest and wisest course towards the afflicted. May the time never come when the pressure of circumstances will compel the adoption of the opposite policy, the division of the insane into two classes, the one to be cared for properly, the other to be lodged apart, allowed the barest subsistence and awarded the most meagre accommodations; for who can doubt that such would be the natural consequence of branding them as incurable in a house specially built for their retention, from which no improvement is ever expected to ensue. The law in Ohio never has, and I trust never will, make any such distinction. But practically, this has been the case for several years, simply from the want of room. This deficiency will soon disappear. So far as the extent of accommodation may warrant, no difference of treatment should be made, except what the exigencies of disease may require; but on equal terms the rich and poor, those recently and those for a long time afflicted, should alike be admitted into our institutions—priority only awarded to those who most require and can be most benefited by treatment. To carry out this policy, the capacity of accommodation should be kept up coextensive with the demand for relief. The recent and chronic insane will, I trust, ever mingle together upon the same terms, in capacious and well regulated institutions, and no receptacle ever be built in Ohio into which to thrust those arbitrarily designated as incurable, where the friendless would inevitably drift.

The new wings now in progress, and which it is hoped will be ready before the next winter, will give accommodation to 300 additional patients. In consequence of the growth of the city in that direction, and buildings going up in the neighborhood, the Board join

Dr. Gundry in recommending the purchase of additional land adjoining, to secure grounds for recreation and sufficient privacy for the patients. Dr. Gundry also reports a good amount of labor performed by patients on the farm and garden, more than ever before. The whole report is very gratifying.

XXVI. OHIO. *Twenty-ninth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum to the Governor.* For 1867. Columbus.

Dr. Peck reports this Institution full to its capacity, so that his rule must be what it is practically every where else, to admit all *recent* cases of the district, retaining only as many chronic as will "keep the Asylum full." It is of course undesirable to have to discharge any unimproved, in view of the odious discriminations that cannot be wholly prevented: but with the new Institution in progress, and the enlarged accommodations of the present Asylums, the State of Ohio is attaining the enviable distinction of providing for *all* her insane. Dr. Peck reports the new "Cottage Hospital" now ready for use, and various other improvements effected.

The statistical tables appended show the number of patients Nov. 1, 1866, as 300: admitted since 201: daily average 317: discharged recovered 125, improved 20, unimproved 11: died 15: remaining Nov. 1, 1867, 330. The preference to recent cases in admissions gives a high per centage of recoveries. Dr. Peck shows it as 93 per cent. on recent cases, 73.10 on the total number discharged: and 62.13 on the total number admitted.

XXVII. OHIO. *Thirteenth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum to the Governor.* For 1867. Newburg.

Dr. Stanton reports number of patients Oct. 31, 1866, as 144: admitted since 155: discharged recovered 81,

improved 21, unimproved 31: died 16, not insane 1: remaining Oct. 31, 1867, 149—daily average 148. Out of the 155 admissions, 136 showed a duration of insanity for less than one year. The wards have been overcrowded, but the addition of the two new wings it is expected will be completed this season, which will about double the present capacity of the Institution.

XXVIII. OHIO. *Eighth Annual Report of the Board of Directors and Officers of the Longview Asylum to the Governor For 1867.* Near Cincinnati.

Dr. Langdon reports at close of last year 388 patients: admitted since 197: discharged cured 103, improved 19, not improved 3: died 43; remaining October 31, 1867, 414—men 210, women 204. Of the 197 admissions only 76 were natives of the United States.

Dr. Langdon justly complains of a recent alteration in the law by which chronic cases belonging to other counties, and even discharged from other Asylums are to be admitted at Longview on the same terms with residents of the county for which this Institution was established. Thus the county is filling up with incurables from other parts of the State, to the exclusion, as Dr. Langdon claims, of the citizens of the county. The completion of the system of State Asylums will probably remedy this evil.

XXIX. WISCONSIN. *Annual Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane for the year ending Sept. 30, 1867.* Madison.

Dr. Van Norstrand reports at the beginning of the year 180 patients: admitted since 114: discharged recovered 49, improved 33, unimproved 22: died 10: remaining Sept. 30, 1867, 180, the number of men and women being equal.

New wings are in process of building, but it is feared

they may not be completed or opened for use before another year. The enlargement will double the present capacity of the Hospital, furnishing accommodation to 350 patients. The Legislature of the State hardly seems to be as ready to meet deficiencies as the case calls for, and hence the Board have passed a resolution recommending the Institution to the charity of the wealthier citizens of the State. Dr. Van Norstrand and the Board of Trustees seem to have raised a question as to the best mode of out-door occupation for insane women, without coming to any definite conclusion. He reports an average of 50 per cent. of the male patients as engaged in labor on the farm, garden, &c. The Legislature has repealed the law requiring the able class to pay for the support of relatives, so that all are now received as free patients.

On the subject of medical treatment of the insane, Dr. Van Norstrand makes the following remarks:

Fully acknowledging the indispensable benefits of moral and physical treatment in insanity, still I believe medicine worth more than either, or even both, in the acute stage of the disease. Very few patients seek an entrance here whose physical systems are in good condition; some one or all the great organs of the body, the liver, stomach, bowels, kidneys, generative, circulatory or respiratory organs, one or all are not performing their normal functions. A failure of performance of the proper duties of these organs must deteriorate the life-giving and sustaining fluid of the body—the blood—deteriorated blood circulating in the brain will not allow it to perform proper mental processes. A manifest improper performance of these is aberration of mind—insanity.

Now to correct the improper performance of organic functions, medicines are necessary, and none the less so when insanity co-exists. I find much more use for certain classes of medicines than when in private practice. Stimulants, tonics, sedatives, deobstruents, anaphrodisiacs, emenagogues and anti-periodics are in daily use here; thereby shortening the period of excitement and recovery, and if recovery is not effected, improving the bodily health and diminishing the per cent. of mortality.

XXX. IOWA. *Report of the Officers of the Iowa Hospital for the Insane to the Governor for the years 1866-7.* Mt. Pleasant.

Dr. Ranney reports for the last two years, number of patients Oct 31, 1865, 284: admitted since 343: discharged recovered 138, improved 28, unimproved 32: died 85: remaining Oct. 31, 1867, 344—men 169, women 175. The number of chronic cases admitted since the opening of the hospital is slightly in excess of the recent cases, and the per cent. of the recoveries on the admissions of recent cases is 64.39. Dr. Ranney does good service to the public by his sound and useful remarks on the alleged causes of insanity, not only under the head of physical but moral, and some of the vices and excesses against which the public should be warned to guard the young. The subject of "religious excitement" he puts in its true position, as well as the vice of Intemperance in the use of alcohol and narcotics, and the secret vice of masturbation.

What Dr. Ranney says of the patients discharged as "improved" should be remembered in connection with the reports of all our Institutions:

"Recovered," "Improved," and "Unimproved," are terms whose use depends largely on the different judgments of the men who employ them. While it is not probable that many patients discharged from Hospitals are improperly classed as recovered, many not so designated have yet received such benefit as to enable them to follow their ordinary vocations very tolerably or even creditably, who, without such treatment, might have been for long years a public charge. Hence it will be seen that the good resulting from hospitals for the insane is not fully displayed by the tables of apparent results.

The Hospital has been provided with a new water-supply, reservoir, pipes, &c. Dr. Ranney asks for the erection of a new barn, ironing room, coal house, and for gas instead of the coal oil used for lighting heretofore. He also very properly urges the discontinuance

of the practice of burying deceased patients on the grounds of the Hospital.

The farm consists of 173 acres, but more land is needed to meet the wants of the Institution.

Notwithstanding the return of 55 patients from Minnesota to their own State, the institution is full to its maximum, accommodating about half the number of insane in the State. Dr. Ranney earnestly urges ample provision for this class, not leaving them to jails and poor-houses. He proposes at present an addition to the hospital of two or three wards for each sex, with facilities for separating the epileptic cases, of which he has 50 in this institution.

We are glad to see that the Board of Trustees in their Report urge the Legislature to increase this Asylum to a capacity of 425 patients, and also to provide for the erection of another Hospital, to be located by commissioners as early as possible.

To prevent private patients from being improperly confined, they recommend that none shall be admitted without the certificate of a physician appointed by the county judge to examine him. The question of safeguards against fraud must depend after all chiefly on the high character and integrity of officers.

XXXI. MINNESOTA. *First Annual Report of the Board of Trustees and Officers of the Minnesota Hospital for the Insane, to the Governor for the year 1867.* St. Peter.

This Institution established by an act of the Legislature of Minnesota of March, 1866, was opened for patients in December of that year, in some temporary buildings in St. Peter. These buildings, fitted up for the reception of about 50 patients, were crowded before the end of February, and the Trustees, without waiting for the erection of the regular Hospital buildings, to be constructed about a mile south of the city, in May de-

terminated to erect another temporary building, which was ready in October last.

Dr. Shantz reports the whole number of patients admitted to Nov. 30, 1867, as 97: discharged recovered 10: escaped 1: died 2: remaining 84.

Dr. Shantz very properly advocates the erection of a Hospital large enough for the State even if the expense have to be paid in future, in order to prevent the large proportion of the insane from becoming chronic or incurable. Minnesota may thus have an opportunity to preserve herself from the burden of chronic lunacy which has accumulated in some of the older States for want of early provision.

We copy Dr. Shantz's description of the plan of the Hospital buildings now in course of construction, on a farm of 210 acres lying near the Minnesota river, the farm having been purchased by the citizens of St. Peter for the purpose:

The plan contemplates a centre building 60 ft. by 120 ft., four stories high, six sections and return wings, 113 ft. by 44 ft., three stories high, and four one story buildings, running back from the last section.

The centre building will afford a kitchen, two dining-rooms, store-rooms, and an apothecary's shop on the basement floor; offices, parlor, and private rooms for assistant physician, steward and matron, on the second floor; the superintendent's private apartments and a chapel for the institution on the third floor; bedrooms for the domestics of the institution on the fourth floor. The sections will be wholly occupied by patients, and those who are in immediate attendance upon them. In the rear of the centre building, at a distance of about one hundred feet, will be the laundry, and back of it again the workshop.

It is to be constructed of magnesian limestone, laid in broken range and hammer dressed, and is to be roofed with slate. It is to be heated throughout by steam and ventilated by a fan.

You now have in process of erection the centre building and one section on each side. This, when completed, will afford room for about one hundred and sixty or seventy patients, and will enable

of the practice of burying deceased patients on the grounds of the Hospital.

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It is to be constructed of magnesian limestone, laid in broken range and hammer dressed, and is to be roofed with slate. It is to be heated throughout by steam and ventilated by a fan.

You now have in process of erection the centre building and one section on each side. This, when completed, will afford room for about one hundred and sixty or seventy patients, and will enable

us to make at least three classes on each side, and it will leave in the centre building all the appointments necessary to an hospital.

XXXII. NEW YORK. *Twenty-Fifth Annual Report of the Managers of the State Lunatic Asylum for the year 1867.* Utica.

Dr. Gray reports number of patients Nov. 30, 1866, at 641: received during the year 401: daily average under treatment 610: discharged—recovered 159, improved 58, unimproved 164, not insane 7, died 51: remaining Nov. 30, 1867, 603. Of the 401 admitted nearly one-fourth were chronic cases, many of from five to fifteen years duration, and no less than 143 were past 50 years of age. Thirteen were cases of general paresis, 19 were advanced in phthisis pulmonalis, and 22 were suicidal. Dr. Gray gives some striking instances of the cruelty too often practised by persons bringing patients to the Asylum, and which cannot be too strongly reprobated.

The number under treatment during the past year has been greater than ever before, and indeed for years past the Institution has been overcrowded, rendering it necessary to refuse many private cases in favor of those to whom the law gives the preference. The two other Hospitals now in course of construction in this State will of course in some measure relieve this pressure. Ample provision for the reception of all acute cases is the only effectual preventive of an unmanageable increase in the numbers of the chronic insane. On this point Dr. Gray says:

While it is the imperative duty of the State to care properly for all its insane, it is of the highest importance to see that no acute case is, by neglect, allowed to pass into the chronic stage of insanity. We have deemed it a duty always to admit recent cases, and at times have been compelled, in order to do this, to make up from twenty to forty extra beds. The first step in the solution of the perplexing problem of the care of the chronic insane of the State, is, to see that as few as possible are added to the number, through

want of timely treatment. This can only be accomplished by giving preference to recent cases in admissions here, and by the speedy completion of other hospitals.

As to the question of *immediate* provision for the chronic insane poor of the State, now generally confined in county houses, Dr. Gray makes the following suggestions:

The demands of medical science, the claims of humanity, and the financial interests of the public all agree in the declaration, that all insane persons who cannot be treated and cared for in private families should be in hospitals. Yet it is too evident for doubt that this is now impossible, and cannot be fully accomplished except as a gradual work. To allow things to continue as they have been, and are, and await the building of enough suitable hospitals for relief, would be to consign, in the meantime, hundreds of helpless sufferers to lives of indescribable wretchedness. The line of duty is plainly this, to urge the most speedy completion of the hospitals now authorized, and to commence at once another in the western section of the State, and to require such improvement in the present county receptacles as will make them, at least, decent abodes, and secure the unfortunate against abuses and neglect. These latter cannot safely be left to the impulses of benevolence, or the Christian charity of the respective communities, or to that great power, public opinion. These agencies have been tried for years, and they are not reliable. The same legislative authority which directs and compels proper treatment and care in hospitals, should command their humane treatment in the receptacles until hospitals are ready for their reception.

Until the Hospital system of the State can be brought up to a point of adequacy for all the insane requiring the care of an Asylum, he believes that on the one hand the county houses may and should be put in better condition for the classification and care of the poor, and on the other that many of the insane poor could and would be taken care of *in their own families* better than in any receptacle, if only such families could have a little pecuniary assistance for the purpose. And it would probably be cheaper for the public in the end. Of

course Dr. Gray would not go the length of the Scotch system which farms out the care of *all* the harmless insane to private families having no interest in their wards, but would restrict it to the case of natural ties and relationship. It is certain that even this arrangement would provide for a considerable proportion of the quiet class of the insane poor. Dr. Gray is well known as a strenuous opponent of the policy of constructing *two classes* of institutions—one for treatment and the other for custody merely. He does not regard such a scheme as the only alternative to the confessedly impracticable plan at present of placing *all* the insane in Hospitals. On this subject he says:

The tendency to place all insane in hospitals is not to be left undirected. There are cases, which, it is true, are at times troublesome, and not companionable, but they are not dangerous, they enjoy the home comforts and appreciate the liberty with which they may safely be entrusted, and they would be unhappy in any hospital. These, and especially if they are aged people, and not likely to be benefited by hospital treatment, should be removed to and allowed to remain with their families. All the advocates of "lunatic colonies," "hamlet homes," cottages in the vicinity of hospitals, and similar projects, unwittingly give force to the system long pursued in this institution, and now successfully demonstrated in Scotland on a wide scale. This institution has always strenuously opposed the transfer of patients to the poor-houses, and has had in this the co-operation of nearly all county officers, but it has always sent back to their families the harmless insane when no reasonable grounds continued for hope of recovery. It is a very significant fact, that of all patients treated in this institution, epileptics included, only 262 were in the poor-houses at the date of the report of Dr. Willard in 1863. When chronic cases will not further improve, and can be said to need no longer the custodial requirements of a hospital, they should return to their homes. They should not be aggregated into so-called homes, or cottages. All these proposed imitations of social life fail to recommend themselves, because they are counterfeit. They possess no element of a true home, and the public will hardly be deluded into any experiments under any names savoring of domestic life, while they are in fact palpa-

ble cheats. Even the family system of Gheel, which some enthusiastic, impracticable persons would recommend, is but further evidence of the feasibility of providing for the harmless in their own homes.

In opposition to Asylums for incurables, Dr. Gray reiterates his previously expressed views, and quotes the full and clear declaration of sound principles adopted by the Association in 1866, and re-affirmed in 1867.

The significance of the fact stated by Dr. Gray, that Dr. Willard found in the various poor-houses of the State only 262 patients who had ever been in this Institution, will be better appreciated in connection with one of the tables given, showing the whole number under treatment down to last December to have been 8,380.

One of the most interesting features about this valuable Report is a full account of the origin and history of this Asylum from its first inception, it having now been in operation for a quarter of a century. This account in fact embraces a chronological review of *all* the provision made by this State for the insane down to the present time, from which we learn that the Bloomingdale Asylum, under the New York Hospital, a chartered institution, had up to 1844 received State aid to the amount of \$550,000. And yet it appears that no provision was made by the State in making these grants for giving the indigent insane the means of enjoying its benefits equally with the rich. It was such an omission that has entailed upon us so large an accumulation of chronic insanity. Dr. Gray's narrative states:

In the State of New York, a hospital was chartered in 1771, but was not finished and occupied until 1791. It had also an insane department, which was organized with the hospital, and from time to time received large grants from the State for buildings for the care of the insane. Unfortunately, however, the institution received mainly the rich, and the poor were for the most part com-

mitted to poor-houses and jails. This was a fatal step, and, as we now see, laid the foundation for untold sufferings, and inaugurated the system of poor-house receptacles, with which we have been so burdened in this State. Had the early managers of the New York Hospital taken a wise and comprehensive view of the subject, when the State first extended its liberal aid, received the insane "without partiality or preference," what a different record we should now have to make. When the State Lunatic Asylum was opened in 1843, it would not have been met in its incipient efforts by an enormous legacy of chronic lunacy. The poor-house receptacles were then overflowing with insane, and their condition, as described in a memorial of Miss D. L. Dix, to the Legislature, was horrible. Dr. Brigham, in his first report, uttered a decided disapprobation of the system, and, from that hour to this, the officers of this institution have persistently advocated the extension of the hospital system.

We cannot of course give even an abstract of the history of the Asylum at Utica without occupying a disproportionate space in this paper; but we may observe that it was this increase of pauper insanity in the county receptacles that formed the basis of Governor Throop's recommendation for further provision in 1830, and led to the appointment of a committee to report on the subject, consisting of Hon. A. C. Paige, Eli Savage and Peter Gansevoort. These gentlemen presented their report in 1831, in which they advanced views in relation to the causation and treatment of insanity which subsequent experience and science can scarcely be said in any respect to have modified. It is indeed a remarkable document, and well worthy of re-perusal at this time, as in fact meriting the honor of inaugurating the present Asylum system of this State, and leading to the establishment of this Institution, which was intended only to be the first of a series which should be adequate in number and capacity to furnish accommodations for all the insane of the State, poor as well as rich, that might require the treatment and care of such institutions.

BIBLIOGRAPHICAL.

Hysteria. Remote Causes of Disease in General. Treatment of Disease by Tonic Agency. Local or Surgical Forms of Hysteria, etc. By F. C. SKEY, F. R. S., etc. London: 1867.

This book consists of six lectures, delivered to the students of St. Bartholomew's Hospital, London, in the year 1866, and is published by their request. The lectures are such as please and impress the great majority of students and practitioners. They are unsystematic and superficial, it may be, and sometimes inaccurate, but in a high degree pointed and practical. Dr. Skey's opinions are given oracularly and without qualification, and abundantly fortified with clinical cases. The manner in which they are set forth has indeed one eminently bad quality; the attempt to make them impressive—perhaps also to impress the superlative wisdom of the teacher—by dwelling upon the ignorance and folly of the profession in general, on the subjects concerned. Yet these lectures are calculated to be useful, because diseases which are not inflammatory are still very often treated with the remedies for inflammation. And this is no doubt specially true of the diseased conditions comprised under the name of hysteria.

Of the first and second lectures, on the remote causes of disease, and on its treatment by tonics, we need say but little. In his preface, the writer intimates a suspicion that his sketch of the present errors of medical doctrine on these subjects will be thought "overcharged." Certainly when he says that "the majority of our profession are biased in favor of depletive measures," at this day, we believe he is mistaken. The

fact is admitted that medical text-books and didactic lectures linger far behind the best, and even the average, practice of physicians. It is too true, however, that there is a large class of mere routinists in the profession, who need, quite as much as medical students even, to be set right by such positive, forcible talk as the following, on the remote causes of disease:

The causes of disease I refer to above may be classed as follows:

1. Loss of blood, whether accidental or effected *at the hands of science*; catemential, hæmorrhoidal, &c.
2. Loss of food, or failure of the material of blood-making.
3. Excessive purgation, whether natural and spontaneous, as in diarrhœa, or artificial *at the hands of science*, carrying off nourishment.
4. Breathing impure air, by which the quality of the blood is deteriorated.
5. Loss of sleep.
6. Excessive muscular effort, as in walking great distances, boat-racing, &c., as in the annual University struggle, of which it may be said the higher the rank of the antagonists the greater the danger.
7. Extremes of temperature, especially of cold.
8. Great mental emotion or mental shock.
9. Protracted anxiety of mind.

Of the above sources of subsequent illness or disease, the influence of the four first is received more directly by the vascular system, the five latter either partially or entirely by the nervous.

Before speaking of the general treatment of disease, to which I shall shortly come, I wish to say a few more words on the subject of some prevailing doctrines which are so generally adopted by our profession, and the entire soundness of which appears to me yet open to question and inquiry. Why do you order an aperient in nearly every case of disease you are called to see? If the patient is strong and vigorous, the dose is a full one—if weakly, a milder form; but always an aperient; and generally it is combined with mercury, which indeed forms the staple of the medicine all but universally prescribed. As we commonly go at once to the cause in our treatment, and prescribe our best remedy, the natural inference is that there is either liver, or intestinal derangement as

the cause of the disease. You say you desire to unload the liver and to remove extraneous and irritating matters from the intestinal canal; and very good treatment too, if the liver is at fault and the alimentary canal demands that kind of relief. But what evidence have you of it? You say the liver is congested. It is a term in the mouth of nine-tenths of the profession practising medicine and surgery in the dominions of her Majesty the Queen. The practitioners on the continent of Europe take a different view of these matters, and not without some show of reason, for English doctors, though I entertain the highest respect for their attainments, do not monopolize all the knowledge of the world. In discussing the subject, I am prepared to acknowledge the occasional presence of constipation as the result of torpid action of the bowels, in which condition the liver may, or may not, be involved; but I am myself unable to detect what appears so obvious to many others—a congested state of this organ, calling for large doses of chloride of mercury, supposing that form of drug to be the best corrective of the evil.

As I believe a person who is the subject of disease, itself so commonly the product of exhaustion, should not undergo further reduction of his strength without a good and sufficient reason, and as I doubt the congested state of the liver and find the torpid condition of the large intestine, if it exist at all, an evil on a small scale, I prefer to look to the disease itself (suppose it, if you please, erysipelas or any other malady,) and if the pulse is soft and compressible, indicating distinct constitutional weakness, *and not otherwise*, I prescribe at once a tonic remedy. I look upon this torpid condition of the large intestine—for, observe, nearly all constipation is limited to this part of the alimentary canal—as merely a symptom of the general debility, and is increased by loss of appetite and the absence of food, and is not to be rudely and violently assaulted by drastic purgatives; and one of the first signs indicating the sound principles of a tonic treatment will appear in the gradual, but certain, restoration of the functions of the alimentary canal to a state of health. Constipation is very commonly, though not invariably, the concomitant of weak health and low vital power, and is caused by defective power of the muscular fibres of the large intestine, which are, when compared to the small intestine, very limited in quantity in relation to the size of the intestine. You treat constipation by means of purgatives which act on the mucous membrane only, I prescribe iron to give tone to the muscular coat. Your treatment affords a temporary and transient benefit; mine is a permanent one. Which will you prefer?

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The remarks on hysteria begin with a broad contrast which is very impressive, but it is unreal and soon lost sight of. We are told that there "is no question of diagnosis between two diseases more or less resembling each other. It is a question of disease or no disease, of reality or imitation, of true or false," etc. Further on the true practical point of diagnosis is given; namely, whether we have to do with inflammation or with "nervous exacerbation," as it is termed. In the light of what is now known in pathology, the course of reasoning which should lead to this distinction seems very plain, especially when presented in such strong language as follows:

Whenever a new case of disease presents itself to us, we jump to the old doctrines of inflammation, we talk of congestion, and of capillary action, and of deposits of lymph, and we refer the attendant pain and heat to an inflammatory condition, of which the local nervous derangement is an ordinary symptom. We should endeavor to assign to each system its proper place in the pathological scale, and to discriminate more accurately than is generally done the indications which belong to the morbid conditions of each, whether existing in combination or separately. For be assured they do exist, both separately and in combination with each other. You may have varieties of inflammation in which the local pain is trivial when compared with its severity in other cases; while, on the other hand, examples daily occur in which local as well as general derangement of the nerves, whether of the part or of the whole body, exists as a morbid condition entirely independent of the vascular system. Nor is this derangement confined to the sensory nerves. If we have local pain as the indication of excessive activity of the nerves of sensation, we have spasm and convulsions indicating derangement of the nerves of motion, each of which, or both, may prevail without heat, or redness, or swelling. We daily see severe forms of nervous exacerbation without the slightest corresponding increase of action of the vascular system. There is this important difference between the morbid states of the vascular and nervous systems, that while local inflammations are dependent on local causes, aggravated only by the impaired condition of the general health, local nervous diseases for the most

part originate in the centres of nervous power, the effects of which are exhibited in remote parts of the body—it may be in a pain localized in a given spot, whether on the surface or in deeply-seated parts, which to our senses holds no especial relation to its nervous centre; it may be in a temporary, or spasmodic, or permanent contraction of the voluntary muscles bending the joints of the extremities in permanent flexion, or obliquely drawing the head upon the trunk, or involving the whole motor system, as in *tetanus*. No known nerve that conveys sensibility from its centre to its periphery—no motor nerve that carries volition from the brain or spinal cord to a voluntary muscle—is exempt from this morbid tendency.

The vascular system, consisting of arteries, capillaries, and veins, has its own special diseases peculiar to the structures engaged in the circulation of the blood. The attendant symptoms are heat, redness, pain, and swelling, the latter symptom being due to a separation from the capillary system of some constituents of the blood, whether in a fluid or solid form, while the morbid conditions of the nerves and the structures in which they originate are characterized by simple aggravation or excess of the functions of the nerves affected, the natural sensibility of the sensory nerves running into pain, and the moving power conveyed by motor nerves into convulsions, or spasm, or permanent contraction. In diseases of the vascular system we have changes of structure; in the latter not. It is necessary to make very clear the line which separates the two classes of disease, lest we fall into the common error of applying to both the remedial agents which are applicable to one only.

As to the term *hysteria*, Dr. Skey declares that none could be more inappropriate or objectionable, yet he adopts it for want of a better. He says:

The disease consists in the local evidence of some irritation or derangement of one or the other of the nervous centres of the body, viz., the brain or the spinal cord—at least, such is the received pathology. But the subject is a very obscure one. We have no very definite idea of what we mean by “irritation.” We all employ it, and so general is its use that I don’t know how we can get on without it. “Irritation of the nervous centres” is a useful and not an ill-sounding phrase, though somewhat mysterious, but it is no reflection on Medical science that we cannot explain all the phenomena of life; and as the term is somewhat wide in its appli-

cation, and does not commit its employer to any very defined opinion on obscure matters, on which it is very difficult to form any opinion at all, I presume we shall retain it.

After stating that every part of the body may become the seat of an apparent disease that in reality does not exist, that the nervous system only is involved, and the vascular disorder a deceptive appearance, he treats of three common varieties of this disorder, namely; affections of the joints, spinal affections, and permanent contraction of the muscles. Of these he concludes:

Let us consider them a little more in detail, with a view to detect the fallacy which classes them under diseases of the first or vascular division, by which I mean an abnormal condition of the blood-vessels leading to changes of structure, or altered relations of the parts, whether by suppuration, or ulceration, or fibrinous deposit, or local death of the tissues involved. In the first case the knee is the seat of pain. The subject is a young female. What evidence do we commonly look for when the joint is really diseased? We look first for a cause. Diseased joints do not occur without a palpable one, and particularly in young persons. There has been no violence, no fall or blow, to which to attribute it. Had there been, the nature of the disease is obvious enough. There is no considerable increase of heat, and if inflammation is present, perceptible increase of heat is constant. There is no effusion into the joint; the form of the articulation is unchanged. The pain and the immobility or stiffness of the joint remain, notwithstanding your remedies. Local depletion relieves the pain of inflammation, but not of Hysteria. But you persist in your principle, and the depletive treatment is continued, and thus months elapse—yes, even years. I was once told by a young lady that she had applied twenty-seven blisters to her knee-joint, from which she could not say she had derived any benefit. Now, it ought to be obvious that, if a painful joint occurring in a young female without local cause is unaltered in form or size, and is free from heat or redness, and that the chief and almost the only symptom, that of pain, varies in degree at different times and is fluctuating in character, the disease is not of the inflammatory class; and if not it must be nervous, and you can't cure pain with leeches. You know that pain alone, which consists in an exalted nervous sensibility, does

not constitute what we strictly understand by the term *disease*, although we apply it generally to any deviation from health, whether local or constitutional. At length the truth is brought home to you. You change your treatment by the substitution of local sedatives and general tonics, and your patient at once moves forward in the direction of recovery.

Take the second case. You have declared your opinion that this girl is the subject of disease of the spine upon the single evidence of local pain produced by pressure of the fingers on the spinous processes of the vertebræ. It has escaped your observation that this pain is equally severe whether pressure is slight or not. In fact, the degree of pain indicated by either writhing or exclamation holds no relation to the force of the pressure made. The slightest touch creates as much suffering as the greatest pressure of the hand, and *often more*. It is on this evidence alone you have founded your opinion of disease of the bony structure of the spinal column. It is on this evidence you have consigned this young lady to two years' confinement to her couch, to the loss of education, to restricted social and domestic intercourse with her family and friends, and to much moral and physical suffering. Now when you talk of disease of the spine, what do you mean? What *structure* is diseased, and what form of disease is present? Is it seated in the *body*, or in the *processes* of the vertebræ, or in the entire bone? and what description of disease has invaded the particular vertebra of the twenty-four? Is it inflammation, or caries, or necrosis? Caries, you will say; and you select this form because, and only because, you know the spinal column is the subject of carious disease under conditions favoring it. But there is this remarkable feature in carious disease of bone well worthy of notice—viz., that it is almost destitute of pain, that there exists no relation between the extent of the disease, which may be great, and the pain attendant on it. It is not like *inflammation* of bone, whether simple or severe; nor does it resemble *necrosis* or simple death of bone. Presuming this statement true, can you in reason feel satisfied with the evidence of disease obtained by manual pressure? Then, again, where is the disease situated? what is its precise locality? If in the body of the vertebra, is it not almost absurd to suppose you can detect it by the slight pressure of the finger *on the summit of the spinous processes*, which are themselves rarely involved?

Fifty or sixty years ago a provincial Surgeon of some note recommended the application of a hot sponge to the spine, with a

view to detect disease of the bodies of the vertebræ. There was some excuse for ignorance on this subject at that time: there is none now. Of all the fallacies that cling to professional practice, of all the false doctrines which the pardonable ignorance of a former generation has entailed on modern Surgery, none can surpass that which affects to detect carious disease of the body of a vertebra by drawing the fingers down the spine. It is only not ludicrous because the consequences are so serious to the victim. It would be a bold assertion that such morbid changes in the spinal column cannot occur; but I do think humanity would be a gainer if all teachers concurred in asserting that they *could not*, so rare is the real disease, and so palpable to the eye when present. Suppose a young person in moderately good health, and occupied in daily exercise, complained of a pain in the condyle of the femur, without any other indication, should you be warranted in declaring she had serious disease of the bone? Look to the functions of this important vertebral column; how is it possible it can support the body in the upright posture if one or more of the component bones of the pillar are destroyed? And yet I have known many examples in which the subject of this imaginary disease has joined a party and danced for the whole evening. One wonders that such a person did not drop into pieces! For myself I candidly declare that I have scarcely ever seen a case of true disease of this form. I can bear testimony to spinal affections and destruction of bone to any amount in psoas or lumbar abscess, or in angular curvature, or to damage done to the column by local injury; but to these supposititious cases, which exist only in the brain of the Surgeon, I am a stranger, and if they exist otherwise than as rare examples of spinal disease I have much to learn. Have you ever seen a person recover from actual disease of the spine? I do not mean to infer that death inevitably follows, though that result is by no means uncommon: but I allude to recovery without some distortion or some permanent evidence of past disease. And yet you may be surprised when I assure you that all these young people recover sooner or later—*sooner* if the surgeon in attendance is familiar with hysteric affections, *later* if he is not.

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With regard to the third example, that of permanent flexion of the fingers, it is apparently so truly local an affection that there is some excuse for error, but only because hysteric affections are not half studied. When one or more of the fingers is permanently flexed from local causes, the seat of disease will be found in the fascial

structures of the hand or in the finger itself, or a joint may have been diseased or dislocated; but here there is no thickening, nor hardness, or other morbid change of structure. The finger is simply bent, and the attempt to straighten it is painful. The cause of this morbid condition of the flexor muscle is referred to its nervous centre placed in the cervical portion of the spinal cord.

In the fourth lecture, hysteria is considered in its relations to injury from railway accidents. Dr. Skey believes that many of these injuries, described as "shocks," and treated with lowering remedies, finally amount to cases of hysteria merely. He concludes:

Such is the nature of the large proportion of cases of persons who come into courts of law for compensation for injuries erroneously deemed to be permanent, bringing with them headaches, spinal pains, tingling of the extremities, impaired vision, loss of memory, and many other symptoms of an unstrung nervous system—a series of grievances of the incurable nature of which an acute lawyer takes care to provide himself with ample testimony, and which will always be obtained so long as the diseases of the vascular system and their consequences monopolize a too prominent share of the attention of our profession. I have traced several of these persons in their after-career, the large majority of whom entirely recover. I believe it is to the prevalence of error in the early management of these persons, who are almost invariably subjected to depletive treatment, and to the imperfect knowledge of nervous diseases which prevails in the profession, that large sums are awarded for injuries erroneously supposed to be permanent and incurable.

The question how far the mental functions are involved in hysteria is considered by Dr. Skey, but without arriving at any definite conclusions. Each case differs from every other in this respect, and often from itself at different times. In certain cases of muscular contraction, as of the finger for instance, the disorder seems wholly peripheral and local. But if we examine carefully into the history of these we shall usually find some evidence of constitutional disorder; or such will

be developed, if we keep the patient long enough under observation. It is easy, of course, to describe extreme cases. In some, the hysterical phenomena are deliberately and purposely exhibited. In others the will seems to be powerless, while, in addition to this, in another class the emotions and instincts have become utterly depraved. The conditions are, in fact, infinitely varied and incomprehensible.

The final and most important question is that of treatment, in which we usually find one of two directly opposite plans exclusively pursued. That of most regular practitioners is, first by spoliative and derivative means, then, after the disuse of medicines, by neglect, and the denial of any reality in the symptoms presented. Now in his denunciation of depressing agents in the management of these patients, we most cordially agree with Dr. Skey. There are quite enough facts to prove that he has not painted in too strong colors the evils which follow from this kind of treatment. We are thoroughly convinced, also, of the great value of tonics in most cases of hysteria. But in the examples cited by Dr. Skey, when the diagnosis of hysteria has been made, bark and iron are usually prescribed, and the history of the case, except as to its final result, is ended. Now, whether this oft-repeated theory of the use of tonic remedies is not carried to an extreme in these cases, we will not enquire. But, in our opinion, moral management is, after all, of the very first importance in hysterical disorders. To this Dr. Skey scarcely even alludes. His sole moral method, if we understand him, is to treat the disease as "no disease," and thus to act negatively upon the patient by the withdrawal of sympathy. This is, of course, appropriate enough where the symptoms are voluntarily and consciously assumed. But the disease, as Dr. Skey continually asserts, is often as

“real” as any other; and where it is so, the injustice of treating it as purely fancied or simulated is plain. We should expect such treatment to render the patient worse rather than better, and examples of it are not wanting. In fact, cases are probably rare which, in their early stages, can be best approached by total incredulity and opposition. The too common acceptance of this as an unvarying plan by the profession, it seems to us, has led to its opposite; that of active and unguarded sympathy with the patient—the mode of water-cures, womb-doctors, and the numberless quacks into whose hands cases of hysteria are so apt finally to fall. Is not the regular profession in some degree responsible for the sad fate of these patients, thus made invalids for life, and for the misfortune of their families, whose substance is often wholly consumed by greedy charlatans? We should remember that hysteria is a disease less likely than almost any other, perhaps, to yield to an inconsiderate and routine treatment, and that any other plan than the right one is certain to do infinite harm. What the right plan of moral management is, will be easily understood by those who have had to do with cases of insanity. We have had no space to dwell upon it here, but it would avoid direct opposition, on the one hand, and an easy sympathy and credulity on the other. The slightest effort to deceive the patient, and the least appearance of yielding to deception on her part, must be avoided. Perhaps, however, the most universal rule, where every case is almost itself a new form of disease, is, that even with the otherwise best-directed efforts of the physician, little can be accomplished in this disease by a direct attack upon it. As in the forms of pure mental disorder, the more marked symptoms are those to which the attention should be least directed. The fortress should be gained through its outworks. A flank movement is here the true road to victory.

SUMMARY.

STARVATION AND INSANITY.—The physical results, in man and animals, of the continued deprivation of food—scanty and impoverished blood, febrile symptoms, emaciation, muscular debility, a reduced temperature, insomnia, etc.—have long been known,* but deserve to be specially studied for the light they may throw upon certain problems in the pathology and treatment of disease. A paper read by Dr. Austin Flint before the Medical Society of the County of New York, January 6, 1868, on *Alimentation in Disease*, is the latest important contribution to this subject, and is of great interest.

The modern treatment of fevers, by “feeding them,” as it is termed, is no doubt due to the celebrated Dr. Graves. This practice was soon extended to other diseases, and has led to extreme theories of stimulation by alcoholic drinks. But the primary importance of true alimentation in the treatment of disease is yet far from being generally recognized. In regard to the essential fevers it is perhaps universally admitted in theory, but practically is carried out in a very limited and imperfect way. It is plain, however, that the morbid phenomena due to starvation in fevers are found, to a greater or less extent, in all diseases. Dr. Flint quotes from Chossat: “Starvation is a cause of death, marching silently in front with every disease in which alimentation falls below the natural standard. It reaches its natural termination sometimes sooner and sometimes later than the disease which it covertly accompanies; and it may supersede the disease of which, at first, it was merely an incidental element.” In other words, a patient may die from starvation, either before or after

the natural termination of his disease. In many cases, of course, the disease itself leads unavoidably to starvation, either by preventing the taking of food or its assimilation. But it is very certain that, both before and after the natural limit of curable diseases, thousands of patients, from whom food has been withheld, die with all the symptoms of starvation. Dr. Flint continues:

Admitting the fundamental importance of alimentation in the treatment of diseases, the inquiry arises, what are its limitations? In answer to this inquiry, it is to be stated, that, if we except the early stage of some acute diseases in which it may be an object to withhold aliment with an indirect reference to depletion, there is never any risk of hyper-nutrition. With the exception just stated, I submit the proposition that it is always desirable, in cases of disease, to supply aliment to the fullest extent of the capacity of the organism for appropriation. In acute diseases the failure of the vital powers is forestalled in proportion as nutritive supplies are assimilated. This is simply saying that the assimilation of nourishment is indispensable for the preservation of the powers of life. And when, in the progress of an acute disease, more or less failure of the vital powers ensues, the more nutrition can be maintained, the more efficient the support. The proposition just submitted embraces not only the acute but the chronic diseases. No matter what may be the seat or the nature of the chronic affection, a diet fully up to the capacity of the organism for nutrition promotes recovery, if recovery be possible, and if recovery be not possible, by increasing the ability of the system to endure the affection, contributes to prolong life. The limitations to alimentation, therefore, relate wholly to the physiological processes which are preliminary to nutrition, namely, digestion and the other processes by which aliment is converted into blood. If more food be ingested than the digestive organs can prepare for assimilation, or if the articles of diet be not suited to the digestive powers, the nutrition will not be in proportion to the alimentation, and disorder of the digestive organs may be produced. This is, of course, if possible, to be avoided; yet, the harm resulting from over-alimentation is generally exaggerated. Undigested aliment often passes through the alimentary canal without causing any appreciable disturbance. The disorder which may be produced is due chiefly to chemical

changes in the ingesta, and is manifested by flatulence, pain, and looseness of the bowels. Conservatism is seen here as in other morbid effects. As the result, the offending matter is expelled, and the harm is, in general, not more than that caused by a cathartic or laxative. It is quite superfluous to say that to avoid over-alimentation may be highly desirable, but it is sometimes safer to incur risk in that direction, than to limit alimentation below the ability of the digestive powers and the capacity of the organism for nutrition.

We cannot follow the writer in his valuable remarks upon the proper kinds of food, their preparation, and the frequency with which they should be given in acute and chronic diseases. Much of what is said is so opposed to traditional theories and popular customs in regard to the management of disease, that many years must probably elapse before it will be practically accepted in the sick-room; but it is thoroughly supported by reason and, what is better, by the most careful and intelligent experience.

Let us ask, now, whether the mental symptoms developed during the progress of starvation have been sufficiently considered in their bearing upon the causation and treatment of insanity. Happily we no longer study insanity as a technical disease, with its metaphysical divisions widely separating it from general medicine. But even if this were the case, we could not fail to remark the curious likeness between an ordinary case of insanity, in its several stages, and the common progress of a case of starvation. The periods of time from the beginning to the termination of each case would be very different. In one the final stage would be reached in a few days; in the other the corresponding mental state might not appear for many years. But in both the first symptoms would be a perversion of the feelings; then a partial delirium, becoming more and more complete; then maniacal paroxysms; and

finally, stupor ending in bodily dissolution in the one, and dementia, or extinction of the mental life only, in the other. The similarity of the physical symptoms in the two cases is also most striking. Insomnia, emaciation, fever, offensive secretions, and perverted animal instincts are usually observed in both.

Setting aside this comparison, however, is it not the plainest teaching of observation and analogy that deficient alimentation is the most fruitful of all the determining causes of insanity known to us? To the practical alienist, delirium must be considered the true starting point in most cases of mental disease. We need not insist, here, that it is an essential element in all forms of insanity, but it will not be denied that those marked changes in the disposition and feelings which have led to the admission of a *manie sans délire*, usually belong to the *prodroma* of the disease rather than to the disease itself. Of fixed delusions it may be said, on the other hand, that they characterize, generally, the more advanced stages of insanity, and form the final deposit, if we may so term them, of the delirious movements. Upon this point it is of interest to note that the views now held as to the relations of simple delirium and insanity are directly opposed to those of the early English writers on the subject. They maintained that there was a specific difference between the delirium of the essential fevers and that of true insanity; whereas recent study of the latter, through the analogies of bodily disease, has so demonstrated their identity that, as Griesinger says, "we may correctly designate the psychological disturbance in insanity as a generally chronic delirium."

Admitting, then, the paramount medical importance of the element of delirium in mental disorders, and that this delirium is perfectly analogous with that of

bodily diseases, it remains to inquire how far this symptom is due to the same causes in both cases, and how far it demands a similar treatment.

Now we do not forget, of course, that there are other important sources of delirium in insanity besides the mere lack of nutrition. But although no statement of the comparative importance of these various sources can be made with anything like exactness, yet we have no doubt a careful examination of them will enable us to place innutrition at the head of the proximate causes of insanity, as Chossat and Dr. Flint have placed it first among the causes of death in physical diseases. If we consider that largest class of causes expressed by the phrase "ill health," we shall find that in numerous cases the insanity first appeared during convalescence from some acute disease, and seems directly due to scanty and impoverished blood. How much smaller would be the number of insane from "ill health" if the system of feeding fevers and other exhausting diseases were to become general, it would be useful to know. Again, the number of cases of insanity ascribed to intemperance is very large. Now although the body seems well nourished in many of these patients, it is well known to medical men that nutrition is greatly impaired in all of them. They are, in fact, perfectly analogous with cases of *delirium tremens*, in which the constant, excessive use of spirits has completely prevented the assimilation of food, and the delirium is mainly due to starvation. That this is true, is shown by the fact that recovery begins as soon as sufficient nourishment can be retained. If we look further, at cases of insanity having their origin in sexual vices and excesses, we shall find anemia, debility, wasting of the tissues, febrile symptoms and vitiated secretions, exactly as in starvation. But perhaps the best illustrations of insanity due to impover-

ishment of the blood are those cases attributed to parturition and lactation. The spoliative effects on the blood of the pain, fatigue and hemorrhage attendant upon labor are expressed in the blanched face, the feeble pulse, and the quickly following febrile state. It is not at this period, however, that delirium shows itself, but after a number of days usually passed without food, or at the end of several months during which a vigorous infant has robbed the mother of a daily increasing proportion of her blood. How much of the insanity which is traced to these periods might be prevented by directing food rich in nutriment for the parturient and nursing woman, instead of the slops to which she is often so rigorously confined, is another question for which we are not without some hope of an approximate answer in the future. The sphere of midwives and monthly nurses will no doubt be among the last to yield to reform, but we rejoice that it has already a firm foothold in the profession.

We come, finally, to speak of nutrition in the treatment of insanity.

Notwithstanding the vast amount of scientific observation and reasoning brought to bear upon medical subjects, the most important discoveries and reforms in treatment are still largely due to the processes of common sense and empiricism. Dr. Graves admits that his practice of treating fevers with nutritious food was suggested by the remark of a country practitioner, that his patients generally recovered if he could prevent their being starved to death. And the peculiar value of nutrition in the treatment of mental disease is a discovery which has gradually been made in our specialty, not from experiments instituted with the purpose of testing it, but as the result of long experience of the effects of a nutritious diet, provided for the insane in

the spirit of a liberal charity. But whatever its origin, it should be generally known that rich and even concentrated food is, upon the whole, the most valuable of all agencies in the cure of insanity. If so large a proportion of cases as we have supposed are due to innutrition, and if the first great principle of practical medicine is, to correct the conditions which have led to each particular case of disease and those which continue to keep it up, then this high estimate has its foundation in reason. But, unfortunately, to the general practitioner, into whose hands the insane come at the earliest and most curable stage of their disease, this practice is almost unknown. Of those patients in whom impoverished blood—in effect a partial starvation—has caused perverted feelings, as fear, suspicion, etc., which in turn act directly to cause a still greater abstinence from food, who that has had experience in the treatment of the insane can doubt that a very large proportion might be saved from a fully developed attack of insanity? And this is not to be done alone by the regular and frequent use of appropriate food and stimulus, but by abstaining from those measures of an opposite kind whose deadly effects the asylum physician is daily called on to deplore. When will it be universally understood by the medical profession that no form, even the most active, of delirium is itself a sufficient warrant for venesection or other lowering remedies? Not, certainly, until a more perfect connection of our specialty with general medicine exists than at present. What is needed is, that, in the regular course of medical instruction, and in the general literature of the profession, the department of mental disorders should be more fully taught and discussed.

DRUNKENNESS AND CRIME.—A case, involving the question of criminal responsibility while in a state of intoxication, was tried before the Court of Oyer and Terminer for Monroe county, in this State, Feb. 20, 1865, Hon. E. Darwin Smith presiding judge.

The prisoner, Ann Barry, was a woman of general bad character, who had been confined in the Penitentiary, at various times, for larceny, disorderly conduct and drunkenness. She had been an habitual drunkard for five or six years, and had suffered several attacks of *delirium tremens*. She was last discharged from the Penitentiary on the 10th of July, 1865, with a child, born during her imprisonment, about five weeks old. According to her confession, feeling this child a burden to her, she determined to destroy it, and drank freely of liquor to gain courage for the act. She then proceeded to the bank of the canal, where she sat down and nursed the child, then fastened a stone to a cord, tied the cord about the child's neck, and threw all together into the water.

On the trial, many witnesses testified to the insane looks and behavior of the prisoner, while under the influence of liquor. There was, however, no other evidence of insanity proper, unless a total depravity be so considered.

Several physicians were called for the defence, and their testimony showed that confused understanding of the limits of legal responsibility in such cases, which has tended to bring medical opinions on these subjects into disrepute. One stated that he should judge "a person who had been a habitual drunkard for a number of years, and had had *delirium tremens* fifteen or twenty times, to be of unsound mind, while under the influence of liquor." He further testified that "excessive drinking of spirituous liquors would produce that species of

insanity called dipsomania." Another physician considered "every drunken person insane temporarily." Still another termed dipsomania "a prostration of the nervous system, from the continued use of intoxicating liquors." Dr. John P. Gray was called for the prosecution, and testified as follows:

I am a physician, and am connected with the State Lunatic Asylum at Utica as the Medical Superintendent, and have been since 1854. Have heard pretty much all the evidence given on this trial; have conversed with the defendant. From my examination of her I discovered no evidence of insanity. Insanity is a disease of the brain in which there is a change in the way of thinking and acting of the individual, and that involves a delusion, a supposition of facts that do not exist. Habitual drunkenness does not necessarily produce insanity; it might produce *dementia* or *mania*. A case may exist where the *conscience* is blunted and still the intelligence be preserved—that is, the knowledge of right and wrong remain; the affections may be obliterated and still the person not be insane. Delirium tremens is short in its duration—it is an acute thing and runs its course rapidly. I should not infer insanity from the circumstances you have narrated—[the proceedings of Ann Barry just before and after she is alleged to have drowned her child.] Her confession of committing the infanticide does not show a delusion, and I don't think that she was insane at the time of committing the alleged crime.

Cross examined—Insane persons have rational moments; insane persons may distinguish between right and wrong; the insanity of a person may present itself on some particular subject; the eye does not generally indicate insanity; there is a change in the whole physiognomy of insane persons. The prisoner's mind, from the life she led, may have been weakened—it doubtless was. I do not recognize the disease called dipsomania; it is intemperance. I do not consider persons insane when intoxicated; they are simply drunk, in my opinion; a man may be so drunk that he would not know anything.

The charge was made to the jury by Judge Smith, and, in accordance with it, a verdict was returned of "Guilty of murder in the second degree." Thereupon

the prisoner was sentenced to be confined in the State Prison at Sing Sing, for the term of her natural life.

MONOMANIA.—We owe the first introduction of the word “monomania” to Esquirol, and although it is interesting to trace the process of reasoning by which he arrived at the necessity of a new term to supersede melancholia, yet we must recognize it as unfortunate that he should have coined one so etymologically incorrect, and so much at variance with the true description of the malady he intended to define.

The ancient physicians divided the insane into two great divisions: from the leading symptoms presented by the frenzied and distraught, they called one form of disorder *mania*; from a belief as to their exciting cause, they classed all other forms of insanity under the one generic name *melancholia*. The division thus made by these acute observers, although erroneous pathologists, is exactly equivalent to describing the disease as constituting a complete or a partial insanity, and in that sense the words were understood. It is not necessary to detain you with any attempt at proving this to have been the case; but the instance of monomania familiar to us all, as mentioned by Horace, and the forms of unsoundness of mind which Aretæus has described, demonstrate that melancholia was the term applied to those forms of insanity in which the patient was still to some extent in the possession of his reasoning power. In later years the term *melancholia* became significant of the existence of gloomy and distressful impressions, and in this restricted sense it is employed by Celsus, who does not, however, give any name to the remaining forms of melancholia, or reasoning insanity, thus deprived of their distinctive title. Esquirol, in his nomenclature of mental disorders, adopted the division of Celsus, and divided melancholia, as that writer had done, into two principal divisions. The one he called *lypemia*, the insanity of grief, the *atrabilis*, or true melancholia of Celsus; for the other he ventured to do that from which Celsus shrank, and coined the new word “monomania.”

The mischief done by this ill-chosen word became almost immediately apparent; and Esquirol himself, with the vanity of a neologist, in a note to one of the later editions of his work, drew attention to its first development, without noticing the error he had himself induced. He says, “the French Academy have done me the honor to adopt this word (monomania) into its dictionary.”

He does not say that they define it as describing a disease in which one delusion only is present; translating, in fact, *monomania*, but of course being in utter ignorance that such a disease is one which may be theoretically possible, but, as far as I know, has never yet been seen, and is certainly not stated to exist, even by the inventor of the term. On the authority of the French Academy, the word *monomania*, however, became popularized, and has since been freely used as implying the existence of a delusion upon one subject. I speak in the presence of many of the first and most experienced psychologists of Great Britain; and I believe they will concur with me in the opinion that such a *monomania* is practically an unknown malady. Esquirol himself is careful to define *monomania*, in a sense entirely subversive of its etymological meaning; he describes it as involving *one or a limited number of delusions*; and with further inconsistency he implies that these delusions must be all of a cheerful character, although there can be no reason why *monomania*, under his own definition, should not involve the most sad and depressing delusions. The American writer, Dr. Rush, has appreciated this difficulty, and has divided partial insanity into two divisions, to the first of which he has given the far more distinctive appellation of *tristomania*, marked by sad delusions; the second he calls *amenomania*, characterized by lively and cheerful excitement. The more etymologically correct nomenclature of Rush is forgotten, the *lypomania* of Esquirol absolutely ignored, but *monomania* is still in general acceptance, although it expresses a disease that does not exist, and translated literally can only lead to error. It is not surprising, then, to find that many of our writers do not employ it at all; that it is not found in our records or case-books; that some, as our late president, Mr. Commissioner Brown, define it as an insanity embracing a group of symptoms arising from disorder of some special faculty of the brain; that others confuse it with moral insanity; and that judges, lawyers, and juries, find themselves perplexed by the use of a term by medical men which means so much more than its etymological signification; so very much more than its popular acceptance. I would specially insist upon the importance of this last error. There is no greater mistake that juries or judges can fall into than imagining that *monomania* in a patient can exist, and at the same time perfect sanity upon other subjects can be safely assumed; and yet this error is the most common of all.—DR. HARRINGTON TUKE, in a paper read before the Medico-Psychological Association of Great Britain.

DIGITALIS IN THE TREATMENT OF MANIA, RECENT AND CHRONIC.—Dr. S. W. D. Williams, in a paper with nineteen illustrative cases, published in the *Journal of Mental Science* (January, 1866,) confirms the opinion of Dr. Robertson as to the efficacy of digitalis in certain cases of mania. The cases already published by Dr. Robertson tend to show the almost specific action of digitalis in allaying the excitement of impending general paresis; but the paper of Dr. Williams is confined to illustrating the use of the drug in the excitement accompanying mania in its acute and chronic forms, and also when complicated with epilepsy. The results of the cases show that digitalis seems to possess a marked power of arresting cerebral excitement, of whatever nature it may be; but it is also evident that, except as allaying excitement, it has no further curative powers. Dr. Williams considers its efficacy in chronic mania and epilepsy to be simply due to the fact that it lessens the action of the heart, thus diminishing the flow of blood to the brain, and offering less food for the excitement to feed on. This view is rendered more probable from the fact that digitalis never exerts any beneficial influence until after the pulse has been affected; and Dr. Williams has moreover observed that when the system has become used to the potency of the drug, the return of the pulse to its former rate is accompanied by a corresponding exacerbation of excitement, which can only be allayed by increasing the dose. Although it might be supposed that only strong, healthy constitutions would be able to bear the effects of digitalis, this view is incorrect, for patients weakened by disease or exhausted by excitement bear its administration in general better than those who are stronger; and this fact explains its efficacy in general paresis, which is essentially a disease of debility. Dr. Robertson advises the use of doses varying from one-half a drachm to one drachm three or four times a day, under which treatment an excited patient may perhaps at first become more excited than before; but if the medicine is continued, it will be found that the excitement gradually subsides, and the pulse becomes intermittent. When this is the case, the digitalis should be omitted until the pulse has resumed its normal rhythm. As regards epileptics, Dr. Williams thinks that digitalis possesses a certain amount of preventive power, and is able not only to ward off the attacks of violence, but to lessen their force when they occur. One of the patients whose case is recorded by Dr. Williams had taken one-half drachm of digitalis (tincture) twice daily for many months and with marked benefit, for one of the epileptic relapses passed off without the slightest manifestation of violence. In some cases where digitalis has after a time lost its power, or has caused sickness and vomiting, Dr. Robertson combines it with morphia, tincture of hyoscyamus, and chloric ether. The influence of digitalis on the heart being generally

admitted, the question is whether it is a stimulant or depressant ; and Dr. Williams inclines to the belief that it is a decided stimulant. The general conclusions drawn by Dr. Williams as to the use of digitalis in insanity are, that it is a valuable sedative both in recent and chronic mania, and when these forms of disease are complicated with general paresis and with epilepsy ; that the average dose of the tincture is from one-half drachm to one drachm, to be continued even for many months, unless it causes intermittence of the pulse, when it must be immediately discontinued ; that weakness of the circulation is no indication against its employment, but the reverse ; and that in certain cases it may be advantageously combined with chloric ether, morphia and prussic acid.

BROMIDE OF POTASSIUM IN EPILEPSY.—M. Namais has communicated a note to the French Academy on the therapeutic employment of bromide of potassium in epilepsy. His experience confirms and extends the statements that first emanated from the Edinburgh School, of the benefits of this method of treatment. Fifteen grains thrice daily was usually given by this physician ; but on one occasion, so large a quantity as 220 grains was administered in twenty hours. By this, however, delirium and inability for movement was caused. The employment of the drug had therefore to be suspended ; but during this suspension the epileptic fits became again frequent and severe, and only diminished on a return to this remedy in more moderate doses.—*Comptes Rendus*, 20 Mai, 1867.

Recent investigations have shown that the paralytic symptoms of such an overdose as M. Namais administered are among the physiological effects of bromide of potassium. M. Laborde has made a most extensive series of experiments, from which he concludes that this substance has no special action on the encephalon, heart, muscles or nerves ; but that it mainly influences the spinal cord, and that by suspending its reflex function.—*Comptes Rendus*, 8th July, 1867.

Eulenburg and Guttman have also found that paralysis is the most prominent symptom of a large dose, and they agree with Laborde in ascribing this paralysis to an action on the spinal cord.—*Ed. Med. Journ.*, Nov., 1867.

TREATMENT OF CEREBRAL CONGESTION AND HALLUCINATIONS BY ARSENIOS ACID.—M. Lisle, Director of the Marseilles Lunatic Asylum, thus terminates a paper he read to the Academy of Medicine, upon the "Treatment of Cerebral Congestion and Hallucinations by Arsenious Acid :"

1. The insane frequently present more or less distinct signs of cere-

bral congestion, and the subjects of hallucination always do so. In 193 cases of the latter description treated by arsenious acid, 131, or 67 per cent., were cured, and 29 experienced marked and durable amelioration.

2. Hallucination, considered heretofore as a symptom of insanity, is really only a complication, almost always of serious import. It is the most characteristic symptom of cerebral congestion, the essential nature of which is little known, and which may terminate in insanity, although this is not a necessary consequence.

3. Arsenious acid is truly a specific remedy in this affection. It is also of great utility in paralysis, incoherency, and melancholy unattended with hallucinations, but presenting symptoms of cerebral congestion.

4. Administered with prudence and carefully watched, it is one of the most inoffensive agents of the *Materia Medica*. The dose should vary from 5 to 15 milligrammes, administered three times a day, just before each meal.—*Medical Times and Gazette*, Sept. 28, 1867.

PATHOLOGY OF CEREBRAL SOFTENING.—A series of papers in the *Gazette Médicale de Paris* for the past year, have contained the result of researches undertaken by MM. Prevost and Cotard, internes at the Salpêtrière. Their chief object was to determine the true relation of obstruction of the blood-vessels to cerebral softening. By means of emboli artificially formed in animals, they succeeded in producing a softening identical to that observed in man, and were able to follow its progress through the several stages. Hyperemia was first produced, and afterwards connective tissue, and the yellow patches which mark the third period of softening.

Cases in which cerebral softening was found in the human brain after death, appeared to have gone through a similar process. The morbid metamorphosis seemed almost always to have had its origin in arrest of the cerebral circulation. This disturbance of the circulation was sometimes due to a thrombus or an embolus, sometimes to ætheromatous degeneration of the cerebral arteries, and sometimes to a kind of capillary embolism. In no case could they certainly infer that softening was dependent upon ætheromatous degeneration of the capillaries. This degeneration must then be deemed consecutive.

MEETING OF THE ASSOCIATION.—The Twenty-second Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will

be held at the "American House," in the City of Boston, commencing at 10 o'clock A. M., June 2, 1868.

By a standing resolution of the Association, the Trustees of the different Institutions for the Insane are invited to attend the meeting.

Your attention is particularly called to the following resolutions, adopted at the last meeting:

Resolved, That the Project of a Law be assigned as the first business of the next meeting, and that the Secretary notify the members of that fact in the regular notice of the meeting.

Resolved, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its session.

Very Respectfully,

JOHN CURWEN, Sec'y.

BOOKS RECEIVED.

Sanitary Institutions during the Austro-Prussian-Italian Conflict. Conferences of the International Societies of Relief for Wounded Soldiers. An Essay on Ambulance Wagons. Universal Exhibition Rewards and Letters. Catalogue of the Author's Sanitary Collection. By Thomas W. Evans, M. D., etc. Third Edition. Paris: 1868. From the Author.

Plastics: A New Classification and a Brief Exposition of Plastic Surgery. A Reprint from a Report in the Transactions of the Illinois State Medical Society for 1867. By David Prince, M. D. Philadelphia: Lindsay & Blakiston. 1868. From the Publishers.

Spermatorrhea: Its Causes, Symptomatology, Pathology, Diagnosis, Prognosis, and Treatment. By Roberts Bartholow, A. M., M. D., etc. New York: Wm. Wood & Co. 1867.

